

STATEWIDE STRATEGIC PLAN TO PREVENT SUBSTANCE MISUSE AND OVERDOSE

Purpose

The impact of high-risk substance use and addiction exacts an immeasurable toll on Arkansas communities. The reach of this disease goes well beyond the individual affected, devastating families and overwhelming communities. The problems are complex and require a thoughtful sustained effort of services coordinated across multiple agencies, community organizations, and individuals. This strategic plan provides the roadmap for how the Office of Substance Abuse & Mental Health will utilize federal grant funding for the next five years.

Agency

The Arkansas Department of Human Services (DHS) works to improve the quality of life of all Arkansans by protecting the vulnerable, fostering independence, and promoting better health.

The Office of Substance Abuse & Mental Health (OSAMH), an office of DHS, provides state-funded mental health, prevention, treatment, and recovery initiatives across the state.

Vision

A comprehensive and coordinated public mental health and substance abuse system that provides access to services for Arkansans of all ages at the right time and right place to meet their needs regardless of where they live.

Mission

Improve the well-being of all Arkansans by providing access to a robust array of mental health and substance abuse services.

Table of Contents

Arkansas Statewide Strategic Plan for Substance Misuse and Overdose Prevention Plan			
Strategic Planning Framework	05		
A. Data-Driven Decision Making Resources	05		
B. Best-Practices Strategies and Services	06		
Prevention Goals	07		
Prevention priority concerns	09		
Appendices	10		
Appendix A: Arkansas State Epidemiological Outcomes Workgroup	10		
Appendix B: Strategic Planning Collaborators & Contributors	11		
Appendix C: Partnership for Success Prevention Logic Model	12		
Appendix D: Data Sources for Community Planning	13		

Arkansas Statewide Strategic Plan for Substance Misuse and Overdose

Prevention Plan

The impact of substance misuse reaches across Arkansas communities, impacting individual well-being and devastating families. The Office of Substance Abuse & Mental Health (OSAMH) at the Arkansas Department of Human Services aims to address these impacts through evidence-based Prevention, Treatment, and Recovery practices.

OSAMH's Prevention mission is aimed at promoting healthy living through substance misuse prevention, early detection, and intervention through partnership within the community and prevention partners.

Prevention priority concerns include:

- Prevalence in the use of opioids, alcohol, and stimulants such as methamphetamine
- Prevalence in the use of vaping devices for marijuana and tobacco, and in overall use of tobacco
- Rate of hospitalizations related to substance misuse
- Rate of fatal/non-fatal opioid and stimulant overdose
- Substance-related injuries and illness
- Substance-related criminal justice and child welfare involvement
- Rate of neonatal abstinence syndrome

Identified vulnerable and priority populations:

- Infants, Children, and Youth, ages 0-18
- Young people, age 19-25
- Pregnant women
- Individuals experiencing homelessness
- Incarcerated individuals

Specific strategies to address Prevention measures will include School Based Programs, Community Based Initiatives, and Early Intervention Programs.

Strategic Planning Framework

Recognizing the multifaceted nature of substance use disorder, OSAMH sought to develop a strategic plan that is both evidence-based and deeply rooted in the lived experiences of those most affected. Through data analysis, community engagement sessions, and incorporation of organizational perspectives, a long-term strategic plan was designed to address the complexities of substance use and its far-reaching impacts on individuals, families, and communities statewide. This collaborative approach ensures that our strategies are not only effective but are supported by data and resonate with our population.

A. Data-driven decision making resources

Arkansas State Epidemiological Outcomes Workgroup SEOW¹

SEOW collects and monitors relative indicators, to provide the data necessary to identify trends, disparities, and priority concerns at state, regional, and local levels. Data is published online and updated regularly for both agency and community use in planning and evaluation efforts.

Organizational Input and Considerations

Between February and August 2024, additional input was gathered from Arkansas Department of Human Services Office of Substance Abuse and Mental Health departmental leads to examine state capacity and existing efforts to enhance and expand the continuum of care of prevention, treatment, and recovery services.

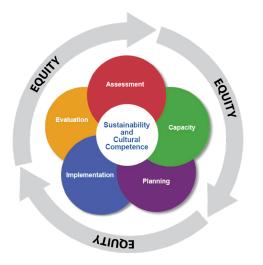
These include the Roadmap to a Healthier Arkansas and OSAMH Strategic Plan 2024-2025 as well as review of prevention initiatives funded by the Partnership for Success Grant and the State Opioid Response Grant.

Community & Consumer Input and Considerations

Between October 2023 and January 2024, monthly strategic planning sessions were held to address substance use and prevent overdose in Arkansas. These sessions brought together agency staff, community partners, and key stakeholders, with a focus on developing a comprehensive approach to tackling substance misuse and overdoses. The planning group assessed the current state of substance use and overdose within the community and identify key challenges and gaps in existing services, including discussion of how the Covid-19 pandemic affected the landscape of both need and access to services.

Prevention Goals: A comprehensive review of current data on substance use and overdose rates. Identification of high-risk populations and areas throughout the state. Identification of the state's prioritized strategies funded by the Block Grant with a focus on increasing access to treatment, promoting evidence-based community prevention, reducing overdose strategies, and expanding public awareness campaigns.

B. Best-practices strategies and services



Strategic Prevention Framework²

PREVENTION: Strategic Prevention Framework

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF) is a comprehensive, evidence-based process for preventing substance use and promoting mental health. It is widely recognized as a best practice due to its structured approach to creating sustainable prevention efforts that are tailored to the specific needs of communities.

The SPF is recognized as a best practice for its datadriven and evidence-based approach, which ensures that decision-making and the selection of interventions are grounded in solid research, thereby increasing the likelihood of successful outcomes. The framework is comprehensive and flexible, designed to address a wide range of behavioral health issues and is adaptable to the unique needs of different communities, making it highly applicable in diverse settings.

Central to the SPF is its community-centered approach, which involves community members and stakeholders at every stage of the process, ensuring that prevention efforts are relevant, accepted, and supported. The focus on sustainability within the SPF emphasizes capacity building and the continuation of prevention efforts beyond initial implementation, ensuring long-term benefits for the community. Additionally, the SPF prioritizes cultural competence, acknowledging the critical importance of cultural relevance in designing and implementing effective prevention strategies for diverse populations.

The SPF's **Assessment** phase involves identifying specific substance use and mental health issues within a community by collecting and analyzing relevant data. The goal of this phase is to understand the prevalence, risk factors, and protective factors associated with these issues. Following the assessment, the **Capacity Building** phase focuses on developing the necessary resources and readiness within the community to address the identified issues. This includes enhancing the skills and resources of the community, forming partnerships, and ensuring stakeholder engagement.

Next, in the **Planning** phase, a strategic plan is developed based on the data collected during the assessment. This plan should outline clear goals, objectives, and strategies that are both evidence-based and culturally appropriate for the community. The **Implementation** phase follows, where the strategic plan is put into action. This step includes selecting and delivering evidence-based interventions, ensuring fidelity to the chosen programs, and adapting strategies as necessary to fit the community context.

Finally, the **Evaluation** phase involves monitoring and evaluating the effectiveness of the implemented strategies. This helps to determine whether the goals and objectives are being met and provides data to guide future prevention efforts. Throughout the entire SPF process, the principles of **Sustainability** and **Cultural Competence** are integrated. Sustainability ensures that prevention efforts can continue over time, while cultural competence guarantees that interventions are appropriate and effective for diverse populations.

1

Prevention Goals

Challenge	Action measure	Goal
Need for the establishment of primary prevention service policies	Arkansas State Epidemiological Outcomes Workshop (SEOW)	Development of data-driven prevention policy measure proposals
urat demonstrate augminent with state priorities, that are effective, and also have ability to reach priority populations across their lifespan		Establish methods to increase use of a coordinated prevention message across the prevention system
Missing and/or low access of	Collaboration with Division of Child and Formily Services (DCES) and the Division of	Promote infant health and increase parent-child bond
for pregnant women and children	Medical Services (DMS)	Increase access of Concrete Supports to families in need and to reduce rates family separation due to lack of Concrete Supports
Prevalence of substance misuse overdose and the lack of overdose-reversal resources, particularly in rural	Increase Naloxone distribution and administration	Increased access/availability to opioid overdose reversal drugs that are approved by the Federal Drug Administration
		Increase rates of opioid overdose reversal
Increase awareness, increase early identification/intervention, and improve community referrals and the referral process within:	Prevention, Stabilization, and Support Project for Young Children (PSSP-YC Pilot) Families in Transitions Teams (FiTT)	Introduction of services and training that address concerns involving a child's placement or removal from home and/or within an educational setting
Child foster care systemJuvenile justice systemFor families with at least on member	Family Centered Treatment Program (FCT)	Introduction of prevention, stabilization, and support measures into the Medicaid State Plan
with a mental health condition, substance misuse diagnosis, or disability	Provision of Comprehensive Screening and Assessment for Children (CSA)	Use of strengths-based model to promote inclusion and acceptance of all children
Align regional prevention providers mission to engage youth in meaningful activities offering ways to benefit others	Pro-social youth engagement	Incorporate SAMHSA's Substance Use Disorder interventions to promote pro-social youth engagement
and their communities as an alternative to participation in harmful behaviors		Measure outcomes with Arkansas Prevention Needs Assessment Survey data

00

Prevention Goals

Challenge	Action measure	Goal
Target regional populations with different levels of substance misuse risk across Arkansas	Regional Prevention Providers	To target substance misuse populations through: • Information dissemination public awareness campaigns • Education programs in school • Social norms marketing campaigns • Promotion of pro-social alternative activities
Low numbers of new certified prevention specialists are trained each year, and revised practices are needed to address arising challenges in youth and adult populations	Increase & Evaluate Prevention training	Increase number of certified prevention specialists Standardize prevention training to include co-occurring mental health and substance misuse disorder focus Ensure training/certification is consistent with IC & RC, and annually assess training needs of existing workforce Identification and referral for individuals that have substance misuse to assess if their behavior can be reversed through education

Prevention Priority Concerns

The following indicators have been identified as priority concerns due to their significant impact on Arkansas communities. OSAMH continually monitors these indicators as new data becomes available, each representing a long-term outcome of our targeted strategies and interventions. The primary driver of these adverse outcomes is the high-risk use of substances. Therefore, reducing the prevalence of high-risk substance use is central to our efforts in addressing these issues. It is essential for regions and local communities to investigate and identify the specific local conditions that contribute to substance use and high-risk behaviors. Furthermore, analyzing data by age, race, ethnicity, and gender is crucial for directing resources effectively to vulnerable populations.

Priority Concerns

Prevention priority concerns include:

- Prevalence in use of opioids, alcohol, and stimulants such as methamphetamine
- Prevalence in the use of vaping devices for marijuana and tobacco, and in overall use of tobacco
- Rate of hospitalizations related to substance misuse
- Rate of fatal/non-fatal opioid and stimulant overdose
- Substance-related injuries and illness
- Substance-related criminal justice and child welfare involvement
- Rate of neonatal abstinence syndrome

Priority Populations

Identified vulnerable and priority populations:

- Infants, Children, and Youth, ages 0-18
- Young people, age 19-25
- Pregnant women
- Individuals experiencing homelessness
- Incarcerated individuals

Surveillance Resources

- Arkansas SEOW Reports
- State Opioid Response Needs Assessment 2024
- Federal Data Centers:
 - Center for Disease Control
 - NIDA/SAMHSA

Appendices

Appendix A: Arkansas State Epidemiological Outcomes Workgroup

The Arkansas State Epidemiological Outcomes Workgroup (SEOW) was developed in 2005. Initially funded through the Strategic Prevention Framework-State Incentive Grant (SPF-SIG) with continued support from the (2013-2018) Strategic Prevention Framework-Partnerships for Success (SPF-PFS) Grant from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP), SEOW is housed in the Arkansas Department of Human Services' Office of Substance Abuse and Mental Health (OSAMH). The SEOW is a nexus of state agency representatives, policy makers, researchers, community representatives, and other stakeholders committed to engaging in data-driven exchanges of ideas in order to inform unified substance use prevention messaging and priorities across the state. The current charter represents an extension of SEOW's important service to citizens and policymakers in Arkansas.

Our Mission

The mission of SEOW is to guide successful prevention efforts in the state of Arkansas by:

- Analyzing, monitoring, and sharing data trends in substance use and other environmental, behavioral, and health-related factors.
- Informing data-driven policy and practice decision-making regarding prevention priorities at local and state levels.
- Disseminating evidence-based education and prevention materials to the larger public.

Our Goals

The three primary goals of SEOW are:

- Serve as the clearinghouse for data on substance use and health-related risks, protective factors, prevention strategies, and outcomes in Arkansas.
- Help develop and disseminate a statewide unified prevention message.
- Help expand public awareness and education about substance use and related outcomes.

Prevention System

SEOW will support OSAMH, MidSOUTH, and other state-funded prevention agencies in the decision-making process regarding the delivery of prevention services. SEOW will facilitate interagency communication and collaboration regarding data. Epidemiological profiles and other work products will be used for detailed assessment of priority areas and prevention effectiveness efforts, as well as provide information for stakeholders, community education, and prevention efforts.

Workgroup Members

The workgroup includes a core membership consisting of representatives from OSAMH, MidSOUTH, the University of Arkansas for Medical Sciences (SEOW Staff), Regional Prevention Providers, and Regional Lead Agencies. OSAMH and MidSOUTH hold primary decision-making authority for SEOW activities. Operational partners are drawn from various state and contracting agencies, including relevant data experts, state and community leadership, and constituencies affected directly or indirectly by substance use and/or behavioral health issues.

APPENDIX B: Strategic Planning Collaborators & Contributors

The development and execution of a statewide strategic plan relies upon cross-agency collaboration, strategic partnerships, consumer participation, and stakeholder input. The following agencies, partners, and individuals have demonstrated their commitment to the health of Arkansas through participation in this process.

Arkansas Department of Human Services Office of Substance Abuse & Mental Health	Office of State Drug Director Health	Regional Prevention Representative			
 Arkansas Department of Human Services Office of Substance Abuse & Mental Health Paula Stone, Director, Office of the Substance Abuse and Mental 	 Thomas Fisher, Arkansas Drug Director Sharron Mims, Program Manager, Office of the Arkansas Drug Director 	 Amy Mellick-Wetzel, Region 6 Hayse Miller, Region 8 Deb Crawford, Region 1 Kendon Gray, Region 7 			
Health • Jennifer Shuler, APRN, Assistant Director Substance Use Prevention, Treatment and	Matt Burks, Program Coordinator/Media Specialist, Office of the Arkansas Drug Director	University of Arkansas for Medical Sciences			
Recovery Services • Joycelyn Pettus, Deputy Director of Prevention, • Kira Kennedy, Director of	Arkansas Center for Health Improvement Health	 State Epidemiological Outcomes Workgroup Alison Oliveto, Ph.D. 			
Substance Use ServicesCasey Copeland, Director of Peer Services	Pat Brannin, Naloxone Program Director	MidSOUTH University of Arkansas Little Rock			
 Bonnie Stribling, Grants Manager Jamal Williams, Grants Manager Cody Conway, Program 	Community Advocacy Research & Evaluation Consulting Group CARECG	Chuks Odor, Program ManagerDarla Kelsay, Prevention Coordinator			
Coordinator Brandon Satterfeld, Prevention Specialist Amanda Hubbard, Program Manager Tauria Lewis, Grants Analyst • Kristi Allen, CPS, Chief Programs Officer • Dr. Harmony Rhoades, Chief Research Officer • Cardella Leak, PhD, Senior		 Jessica Simpson, Meth Prevention Grant Coordinator Director/Leadership Rodney Wambeam, Ph.D, Evaluator 			
Arkansas Department of Public Safety Alcohol and Drug Abuse Coordinating Council	Research Director • Jeremy Goldbach, LMSW, PhD, Chief Executive	Arkansas Foundation for Medical Care AFMC			
	Officer Ceresa Belew, Citizen ohnny Riley Jr., Citizen				

Thank you to the Arkansas Alcohol and Drug Abuse Coordinating Council, Prevention and Treatment committee, OSAMH prevention, treatment and recovery teams; and to Ms. Elizabeth Morrison, Ms. Teresa Belew, and Ms. Jill Weinischke for their thoughtful comments, review and updates to the plan in early 2025.

APPENDIX C: Partnership for Success Prevention Logic Model

Problem Statement	Consequence and Consumption Indicators	Intervening Variables	Prevention Strategies	Intermediate Outcomes	Long-term Outcomes	
Substance-related overdoses,	Methamphetamine Death Rate of 5.31 per 100,000. *25 counties exceed this rate with the highest rate at 17.82.	Local access & availability to substance misuse services across the continuum of care.		Increased local access to substance misuse services across the continuum.	Decrease in deaths related to methamphetamine use.	
both fatal and non- fatal, are devastating to Arkansas	All Drug Non- Fatal Overdose Rate 128.30 per	Mental health concerns and feelings of hopelessness.	Information Dissemination	Increase in mental wellness.		
families and communities. *38 counties exceed this rate with the highest rate at 447 Local awareness engagement	Local awareness & engagement	Prevention Education	Increased local awareness and engagement in community	Decrease in substance-related overdoses.		
	Tate at 447.	in community solutions.	Community- based process	solutions.		
	use among youth poses significant public health Last 30-day use of nicotine using a vape device is perceptions of the risk of harm related to substance	Alternative Activities	Decrease in social and retail access of substances by youth.	Decrease in last 30-day use of alcohol by youth.		
Substance use among youth poses significant public health		Environmental prevention strategies	Increased youth perception of the risk of harm related to	Decrease in last 30-day use of nicotine using a vape device by		
concerns and contributes to long-term	8.5%.*	Parental attitudes	Problem Identification & Referral	substance use.	youth.	
negative health outcomes.	Last 30-day use of marijuana by youth is 5.5%.*	related to youth use. Mental health concerns and feelings of hopelessness.		Increased parental disapproval of substance use by youth. Increase in mental wellness.	Decrease in last 30-day use of marijuana by youth.	

⁵Arkansas Department of Health, Methamphetamine Related Death Rates Dashboard, 2021. https://www.arcgis.com/apps/dashboards/852f9336afb044aba49ef323f68b616b ⁶Arkansas Department of Health, Overdoses in Arkansas Dashboard, 2023. https://experience.arcgis.com/experience/2ad87ac5b6934707a7625fc6068bb198/page/Home/?views=Non-Fatal-Overdoses ⁷Arkansas Prevention Needs Assessment Survey, 2023. https://arkansas.pridesurveys.com/

APPENDIX D: Data Sources for Community Planning

When planning at the community, county, and regional levels, it is crucial to base decisions on accurate and comprehensive data. The following chart outlines key data sources that can be utilized to inform strategic planning efforts aligned with the statewide priorities. These sources provide essential insights into various factors, including demographic trends, health outcomes, economic conditions, and social determinants of health. By leveraging this data, planners and stakeholders can ensure that their initiatives are grounded in evidence, addressing the specific needs and challenges of their communities effectively and sustainably.

Data Sources for Community Planning										
Data Sources with extractable data for	planning.		Preva of use	lence	Rate fatal anon-f	and atal d	Rate of fatal an non-fata stimular overdos	al nt	Rate of neonatal abstinence syndrome	Prevalence of the use of vaping devices for marijuana and/or tobacco
Arkansas Epidemiological Sta Use	te Profile of S	ubstance	Yes		Yes		Yes		-	-
Arkansas State Opioid Respo	nse Needs Ass	essment	Yes		Yes		Yes		-	-
Arkansas Collegiate Substanc	e Use Assessm	ient	Yes		-		-		-	Yes
Interactive NSDUH State Es	timates		Yes		Yes		-		-	-
Healthcare Cost and Utilization	on Project (HC	CUP), 2021	-		-		-		Yes	-
Data.Medicaid.Gov			-		-		-		Yes By Year	-
Data Sources with extractable data for planning.	Prevalence of use of tobacco and other illicit drugs	Rate of hospitalization related to prior substance con	ity	Substa relate injurie	d	Sub rela illne		rela crin	stance- ted ninal justice lvement	Substance- related child welfare involvement
Arkansas Epidemiological State Profile of Substance Use	Yes	Yes		Yes (Cras By Cour	,	-		`	e s crests) County	Yes (Foster Care)
Chronic Disease Indicators	-	-		-		Yes	3	-		-
Data Sources with extractable data for planning.	Prevalence of use of tobacco and other illicit drugs	Rate of hospitalization related to prior substance con	ity	Substa related injurie	d	Sub rela illne		rela crin	stance- ted ninal justice lvement	Substance- related child welfare involvement
Arkansas Department of Public Safety	-	-		_		-		Yes	3	-
Agency for Healthcare Research & Quality	-	Yes		Yes		Yes	3	-		-

Source:	Overview:
Arkansas Department of Health	Links to numerous databases.
https://www.census.gov/quickfacts/	U.S. Census
https://www.countyhealthrankings.org	Health outcomes at State and County Levels
https://www.ers.usda.gov/data-products/county-level-data-sets	Socioeconomic Indicators (Poverty, Unemployment)
Arkansas Maternal Mortality Review Committee Legislative Report	2018-2020 Arkansas Maternal Mortality Case Summary & Committee Recommendations
https://www.healthy.arkansas.gov/images/uploads/pdf/ NAS_Report.pdf	Neonatal Abstinence Syndrome in Arkansas 2000-2021
https://humanservices.arkansas.gov/wp-content/uploads/Roadmap-to-a-Healthier-Arkansas-Report.pdf	Roadmap for a Healthier Arkansas
https://humanservices.arkansas.gov/newsroom/hcbs/roadmap-to-a-healthier-arkansas/	Strategic plan/pilot descriptions
https://humanservices.arkansas.gov/divisions-shared-services/shared-services/office-of-substance-abuse-and-mental-health/	OSAMH home page