Arkansas

UNIFORM APPLICATION
FY 2019 BEHAVIORAL HEALTH REPORT

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Arkansas Department of Human Services
Organizational Unit	Division of Aging, Adult and Behavioral Health Services
Mailing Address	305 South Palm Street
City	Little Rock
Zip Code	72205

II. Contact Person for the Block Grant

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III. Expenditure Period

State Expenditure Period

From	7/1/2017
To	6/30/2018

Block Grant Expenditure Period

From	10/1/2015
To	9/30/2017

IV. Date Submitted

Submission Date	11/28/2018 11:54:21 AM
Revision Date	5/31/2019 10:17:25 AM

V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Substance Abuse Treatment

Priority Type: SAT

Population(s): PWWDC, PP

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)*:

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 treatment services have now been made available through the Arkansas Medicaid Program.

02/25/19: Only one objective was not achieved, Priority Area A, Indicator 2. Through the Medicaid Behavioral Health Transformation, which began July 1, 2017, Arkansas began to offer outpatient substance abuse treatment and detox service through Medicaid. It is thought that this would free up more block grant funding to cover the residential treatment services., which are not covered by Medicaid. However, the main focus is to provide community based services over residential as this is the least restrictive environment.

How first 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 Certfication 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)*:

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, an additional 108 individuals have been certified as an ILP, bringing the total to 163 individuals. Our first-year target goal of converting 43 individuals to the ILP program was not met. We cannot say for sure why more of the LMHPs did not convert to the new program.

How first 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)*:

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 implemented that the numbers of individuals being trained will increase in the years to come.

How first 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)*:

Priority #: 5

Priority Area: Consumer Affairs

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, PP, Other (Adolescents w/SA and/or MH, LGBTQ, Rural, Criminal/Juvenile Justice, Persons with Disablities, 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)*:

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)*:

Indicator #: 2

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

Baseline Measurement: 1,122,046

First-year target/outcome measurement: Increase number of population served by 2%

Second-year target/outcome measurement: Increase number of 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.

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)*:

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)*:

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)*:

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 W ITS 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)*:

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.
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)*:

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

Indicator #: 1

Indicator: Number of students surveyed in APNA 2014 who reported using prescription drugs use in the past 30 days.

Baseline Measurement: 3.2%

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

Second-year target/outcome measurement: 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)*:

APNA 2016 is the data source for this reporting period

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:

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 organization change within the Substance Abuse Unit of the Division. In shifting focus for youth populations, Arkansas is utilizing additional discretionary grant funding to focus efforts on underage prescription drug use and misuse.

How first 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.

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)*:

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.

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)*:

Footnotes:

Only 1 SAT goal was unmet -- see Priority Area 1, Indicator 2. Additional information has been provided.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS). **Include ONLY funds expended by the executive branch agency administering the SABG.**

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	$12,891,567		$0	$847,170	$2,786,851	$0	$5,055,073
a. Pregnant Women and Women with Dependent Children*	$1,837,562						
b. All Other	$11,054,005			$847,170	$2,786,851		$5,055,073
2. Substance Abuse Primary Prevention	$3,105,180			$2,705,132			
3. Tuberculosis Services							
4. HIV Early Intervention Services**							
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	$748,838			$226,280	$244,048		
11. Total	**$16,745,585**	**$0**	**$0**	**$3,778,582**	**$3,030,899**	**$0**	**$5,055,073**

*Prevention other than primary prevention

**Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the thre prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

(•) Actual ( ) Estimated

Footnotes:

02/28/19: Revision to Column E, Line 10. Please note that the total of Column E ($3,030,899) and Column G ($5,055,073)represent the expenditures for Table 8a ($8,085,972)

05/16/19: In planning for the 2018-2020 combined application, $0 was put into the federal funding column as the state was unsure how much in discretionary grant funding for the opioid grants would be received.

The planned amount of state funding was just an estimate. The final amount was not determined until a later date. Additional State General Revenue was made available for DAABHS to utilize.

The restructuring of the Department of Human Services has resulted in several staff changes. The original CFO who complied the initial planning Table 2 is no longer in our employ. However, in looking into this further our current CFO believes this amount is incorrect. The correct amount should be $10,110,146 for the two-year period of this grant cycle.

05/31/19: Expenses were from:
Drug & Alcohol Safety Education Program -- $3,717,090
Allocated costs covered by other funds -- $1,337,982
Total Expenses Column G -- $5,055,072

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Category	FY 2016 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	$10,421,890
2. Primary Prevention	$2,859,458
3. Tuberculosis Services	$0
4. HIV Early Invervention Services**	$0
5. Administration (excluding program/provider level)	$243,149
Total	**$13,524,497**

*Prevention other than Primary Prevention

**Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions

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Footnotes:

05/31/19 : For Table 7, $1,438,727 was listed on a separate line for Treatment for Specialized Women Services

$8,983,163 -- Treatment
$1,438,727 -- Treatment SWS
$10,421,890 -- Total

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	$39,079	$	$	$	$
Information Dissemination	Indicated	$0	$	$	$	$
Information Dissemination	Universal	$218,272	$	$	$	$
Information Dissemination	Unspecified	$0	$	$	$	$
Information Dissemination	**Total**	**$257,351**	**$**	**$**	**$**	**$**
Education	Selective	$65,407	$	$	$	$
Education	Indicated	$0	$	$	$	$
Education	Universal	$334,917	$	$	$	$
Education	Unspecified	$0	$	$	$	$
Education	**Total**	**$400,324**	**$**	**$**	**$**	**$**
Alternatives	Selective	$19,395	$	$	$	$
Alternatives	Indicated	$0	$	$	$	$
Alternatives	Universal	$123,578	$	$	$	$
Alternatives	Unspecified	$0	$	$	$	$
Alternatives	**Total**	**$142,973**	**$**	**$**	**$**	**$**
Problem Identification and Referral	Selective	$0	$	$	$	$
Problem Identification and Referral	Indicated	$0	$	$	$	$
Problem Identification and Referral	Universal	$11,438	$	$	$	$
Problem Identification and Referral	Unspecified	$0	$	$	$	$
Problem Identification and Referral	**Total**	**$11,438**	**$**	**$**	**$**	**$**
Community-Based Process	Selective	$40,001	$	$	$	$

Community-Based Process	Indicated	$0	$	$	$	$
Community-Based Process	Universal	$388,918	$	$	$	$
Community-Based Process	Unspecified	$0	$	$	$	$
Community-Based Process	**Total**	**$428,919**	**$**	**$**	**$**	**$**
Environmental	Selective	$0	$	$	$	$
Environmental	Indicated	$875	$	$	$	$
Environmental	Universal	$213,584	$	$	$	$
Environmental	Unspecified	$0	$	$	$	$
Environmental	**Total**	**$214,459**	**$**	**$**	**$**	**$**
Section 1926 Tobacco	Selective	$0	$	$	$	$
Section 1926 Tobacco	Indicated	$0	$	$	$	$
Section 1926 Tobacco	Universal	$45,465	$	$	$	$
Section 1926 Tobacco	Unspecified	$0	$	$	$	$
Section 1926 Tobacco	**Total**	**$45,465**	**$**	**$**	**$**	**$**
Other	Selective	$0	$	$	$	$
Other	Indicated	$0	$	$	$	$
Other	Universal	$425,734	$	$	$	$
Other	Unspecified	$0	$	$	$	$
Other	**Total**	**$425,734**	**$**	**$**	**$**	**$**
	Grand Total	**$1,926,663**	**$**	**$**	**$**	**$**

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Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	$1,118,528				
Universal Indirect	$643,378				
Selective	$163,882				
Indicated	$875				
Column Total	**$1,926,663**	**$0**	**$0**	**$0**	**$0**

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Footnotes:

III: Expenditure Reports

Table 5c - SABG Primary Prevention Priorities and Special Population Categories

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Targeted Substances	
Alcohol	☑
Tobacco	☑
Marijuana	☑
Prescription Drugs	☑
Cocaine	☑
Heroin	☑
Inhalants	☐
Methamphetamine	☑
Synthetic Drugs (i.e. Bath salts, Spice, K2)	☑
Targeted Populations	
Students in College	☑
Military Families	☐
LGBTQ	☑
American Indians/Alaska Natives	☐
African American	☑
Hispanic	☑
Homeless	☐
Native Hawaiian/Other Pacific Islanders	☐
Asian	☑
Rural	☑
Underserved Racial and Ethnic Minorities	☑

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Resource Development Expenditures Checklist						
Activity	**A. Prevention-MH**	**B. Prevention-SA**	**C. Treatment-MH**	**D. Treatment-SA**	**E. Combined**	**F. Total**
1. Planning, Coordination and Needs Assessment		$253,192.72				$253,192.72
2. Quality Assurance		$0.00				$0.00
3. Training (Post-Employment)		$268,611.78				$268,611.78
4. Program Development		$201,962.46				$201,962.46
5. Research and Evaluation		$63,361.37				$63,361.37
6. Information Systems		$145,666.66				$145,666.66
7. Education (Pre-Employment)		$0.00				$0.00
8. Total	**$0.00**	**$932,794.99**	**$0.00**	**$0.00**	**$0.00**	**$932,794.99**

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Footnotes:

Total for Prevention -DBHS/UALR-MidSOUTH Provider Contracts
Prevention
#1, Planning, Coor and Needs Assessment= ACDEC-$39,314.72+ADH $26,728.00+Pride $187,150.00
#3 Training= UALR Midsouth - $20,700.04 + AR Dept of Ed -$225,000 + UofA Fayetteville - $22,911.74
#5 Program Dev = (Salaries, fringe, & MidSOUTH) $174,034.76 + $27,927.70
#6 Research and Evaluation = AFMC - $63,361.37
#7 Infor Sys= FEI-$145,666.66

05/31/19 : For Table 7, $1,438,727 was listed on a separate line for Treatment for Specialized Women Services

$8,983,163 -- Treatment
$1,438,727 -- Treatment SWS
$10,421,890 -- Total

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID	ⓘ	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
	AR101090	AR101090	✓	Catchment Area 5	Conway County Community Service Inc	1505 South Oswego Avenue	Russellville	AR	72802	$15,644	$0	$0	$15,644	$0	
	D324312-01	AR750237	✓	Catchment Area 4	Crowleys Ridge Development Council	P.O. Box 16720	Jonesboro	AR	72403	$36,913	$0	$0	$36,913	$0	
	AR301668	AR301668	✓	Catchment Area 13	Delta Counseling Associates	5th Avenue and Texas Street P.O. Box 1195	Crossett	AR	71635	$97,796	$97,796	$0	$0	$0	
	D51023	AR901152	✓	Catchment Area 9	Family Service Agency	628 West Broadway Suite 300	North Little Rock	AR	72114 -5544	$121,884	$113,917	$0	$7,967	$0	
	D83231	AR900808	✓	Catchment Area 5	Harbor House Inc	3900 Armour Drive	Fort Smith	AR	72901	$716,311	$709,602	$164,120	$6,709	$0	
	D90005-06	AR100768	✓	Catchment Area 5	NE Arkansas Community MH Center	602 David Street	Corning	AR	72422	$917,310	$917,310	$70,880	$0	$0	
	200719	AR100470	✓	Catchment Area 13	Phoenix Youth and Family Services	P.O. Box 654	Crossett	AR	71635	$20,898	$0	$0	$20,898	$0	
	D12031	AR100331	✗	Catchment Area 1	Preferred Famly Healthcare Inc DBA Decision Point	602 North Walton Boulevard	Bentonville	AR	72712	$1,533,485	$1,495,922	$630,095	$37,563	$0	
	D64431-01	AR901160	✓	Catchment Area 5	Quapaw House Inc	812 Mountain Pine Road	Hot Springs	AR	71913	$2,511,547	$2,511,547	$38,720	$0	$0	
	D546313-01	AR750351	✓	Catchment Area 9	RECOVERY CENTERS OF ARKANSAS	1201 River Road	North Little Rock	AR	72114 -4583	$1,111,121	$1,111,121	$236,966	$0	$0	
	AR100181	AR100181	✗	Catchment Area 10	Southwest Arkansas Counseling and Mental Health Center	7000 North State Line Avenue	Texarkana	AR	71854	$447,378	$447,378	$75,480	$0	$0	
	d41838	AR000101	✗	Catchment Area 13	Tenth District Substance Abuse Prog	412 York Street	Warren	AR	71671	$1,098,453	$1,098,453	$195,658	$0	$0	
	3	ar100454	✗	Catchment Area 9	UALR MidSouth	2801 South University	Little Rock	AR	72201	$1,922,412	$130,167	$0	$1,792,245	$0	
	D56000	AR100791	✓	Catchment Area 9	UAMS Subsance Abuse Treatment Clinic	4301 West Markham Slot 835	Little Rock	AR	72205	$217,092	$217,092	$0	$0	$0	
	9901350077	na	✗	99	University of Arkansas at Fayetteville Criminal Justice Institute	26 Corporate Hill Drive	little Rock	AR	72205	$8,724	$0	$0	$8,724	$0	
	D80533-01	AR301429	✗	Catchment Area 5	Western Arkansas Counseling and Guidance	3113 South 70th Street	Fort Smith	AR	72903	$132,858	$132,858	$26,808	$0	$0	

Total									$10,909,826	$8,983,163	$1,438,727	$1,926,663	$0	

*** Indicates the imported record has an error.**

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Footnotes:

05/31/19 : For Table 7, $1,438,727 was listed on a separate line for Treatment for Specialized Women Services

$8,983,163 -- Treatment
$1,438,727 -- Treatment SWS
$10,421,890 -- Total

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment

This Maintenance of Effort table provides a description of non-federal expenditures for authorized activities to prevent and treat substance abuse flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2018

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period **(A)**	**Expenditures** **(B)**	**B1(2016) + B2(2017)** **2** **(C)**
SFY 2016 (1)	$7,764,050	
SFY 2017 (2)	$7,919,798	$7,841,924
SFY 2018 (3)	$8,085,972	

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

SFY 2016 Yes **X** No ____

SFY 2017 Yes **X** No ____

SFY 2018 Yes **X** No ____

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes ____ No **X**

If yes, specify the amount and the State fiscal year: ____

If yes, SFY: ____

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes ____ No ____

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations? ____

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30

1) Funds are expended by the principal agency on a consistent basis.
2) MOE Funds computations are historically consistent.
3) MOE funds are expended for authorized activities.
4) Organization structure changes and/or the placement of the principal agency within the state government does not result in changes in funding.

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Footnotes:

02/28/19: Please note that the total of Table 2, Column E ($3,030,899) and Column G ($5,055,073)represent the expenditures for Table 8a ($8,085,972).

05/31/19: Amounts are comprised of actual direct State General Revenue expenses, administration expenses and direct expenses paid with other revenue such as drug court fees. These are actual expenses paid during the state fiscal year covered by the report for expenses related to substance abuse prevention and treatment.

Expenses were from:
Drug & Alcohol Safety Education Program -- $3,717,090
Allocated costs covered by Other Funds -- $1,337,982
Allocated costs covered by State Funds -- $1,756,211
Provider services covered by State Funds -- $1,274,689
Total State/Other Expenses -- $8,085,973

III: Expenditure Reports

Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children

This table provides a report of all statewide, non-federal funds expended on specialized treatment and related services which meet the SABG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2018

Base

Period	Total Women's Base (A)
SFY 1994	1169362.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2016		1372434.00	
SFY 2017		1438727.00	
SFY 2018		$ 1837562.00	(•) Actual ( ) Estimated

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).
1) Funds are expended by the principal agency on a consistent basis.
2) MOE Funds computations are historically consistent.
3) MOE funds are expended for authorized activities.

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Footnotes:

For form 8d, the base was set with the 1994 expenses amount of $1,169,362. This amount represents the actual expenses for that year. For SFY 2016-2018 actual amounts expended on services provided to Pregnant Women with Depended Children in the amounts of: $1,372,434/1,438,727/1,837,562.

Theses expenses represent only Federal funding.

The methodology calculations for the SFY 2018 MOE are based on the following:

1) MOE funds computations are historically consistent.
2) MOE funds are expended for authorized activities.

05/31/19: Based on contracts put in place for the current SFY, $1,043,089 would be the planned amount to be spent on treatment for Pregnant Women and Women with Dependent Children with FFY18 funds.

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of substance abusers	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	7
	2. Resources directories	3
	3. Media campaigns	4
	4. Brochures	7
	5. Radio and TV public service announcements	3
	6. Speaking engagements	6
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	6
	8. Information lines/Hot lines	2
	2. Education	
	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	3
	3. Peer leader/helper programs	3
	4. Education programs for youth groups	5
	5. Mentors	3
	6. Preschool ATOD prevention programs	3
	3. Alternatives	
	1. Drug free dances and parties	3
	2. Youth/adult leadership activities	4
	3. Community drop-in centers	4
	4. Community service activities	5
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	2
	2. Student Assistance Programs	2
	3. Driving while under the influence/driving while intoxicated education programs	3
	5. Community-Based Process	
	1. Community and volunteer	

	training, e.g., neighborhood action training, impactor-training, staff/officials training	6
	2. Systematic planning	5
	3. Multi-agency coordination and collaboration/coalition	7
	4. Community team-building	6
	5. Accessing services and funding	5
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	4
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	4
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	2
Pregnant women/teens	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	5
	2. Resources directories	2
	3. Media campaigns	3
	4. Brochures	5
	5. Radio and TV public service announcements	2
	6. Speaking engagements	3
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	3
	2. Education	
	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	2
	5. Mentors	2
	6. Preschool ATOD prevention programs	2
	3. Alternatives	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	2
	3. Community drop-in centers	2

	4. Community service activities	4
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	2
	2. Student Assistance Programs	2
	3. Driving while under the influence/driving while intoxicated education programs	5
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	3
	2. Systematic planning	2
	3. Multi-agency coordination and collaboration/coalition	2
	4. Community team-building	2
	5. Accessing services and funding	3
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	2
Drop-outs	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	4
	2. Resources directories	2
	3. Media campaigns	2
	4. Brochures	3
	5. Radio and TV public service announcements	2
	6. Speaking engagements	3
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	2

	3. Peer leader/helper programs	2
	4. Education programs for youth groups	2
	5. Mentors	2
	6. Preschool ATOD prevention programs	2
	3. Alternatives	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	2
	3. Community drop-in centers	3
	4. Community service activities	3
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	2
	2. Student Assistance Programs	2
	3. Driving while under the influence/driving while intoxicated education programs	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	3
	2. Systematic planning	2
	3. Multi-agency coordination and collaboration/coalition	3
	4. Community team-building	3
	5. Accessing services and funding	3
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	3
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	2
Violent and delinquent behavior	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	4
	2. Resources directories	2
	3. Media campaigns	2
	4. Brochures	5

5. Radio and TV public service announcements	2
6. Speaking engagements	4
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
8. Information lines/Hot lines	2
2. Education	
1. Parenting and family management	2
2. Ongoing classroom and/or small group sessions	2
3. Peer leader/helper programs	2
4. Education programs for youth groups	3
5. Mentors	2
6. Preschool ATOD prevention programs	2
3. Alternatives	
1. Drug free dances and parties	2
2. Youth/adult leadership activities	3
3. Community drop-in centers	2
4. Community service activities	2
4. Problem Identification and Referral	
1. Employee Assistance Programs	2
2. Student Assistance Programs	2
3. Driving while under the influence/driving while intoxicated education programs	2
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	4
2. Systematic planning	2
3. Multi-agency coordination and collaboration/coalition	4
4. Community team-building	4
5. Accessing services and funding	4
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other	2

	drugs	
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	2
Mental health problems	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	6
	2. Resources directories	2
	3. Media campaigns	6
	4. Brochures	9
	5. Radio and TV public service announcements	2
	6. Speaking engagements	5
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	6
	8. Information lines/Hot lines	3
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	3
	5. Mentors	2
	6. Preschool ATOD prevention programs	2
	3. Alternatives	
	1. Drug free dances and parties	3
	2. Youth/adult leadership activities	2
	3. Community drop-in centers	2
	4. Community service activities	4
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	2
	2. Student Assistance Programs	2
	3. Driving while under the influence/driving while intoxicated education programs	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	3
	2. Systematic planning	5
	3. Multi-agency coordination and collaboration/coalition	6

	4. Community team-building	7
	5. Accessing services and funding	5
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	3
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	3
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	2
Economically disadvantaged	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	6
	2. Resources directories	3
	3. Media campaigns	2
	4. Brochures	9
	5. Radio and TV public service announcements	2
	6. Speaking engagements	6
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	6
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	3
	3. Peer leader/helper programs	3
	4. Education programs for youth groups	6
	5. Mentors	3
	6. Preschool ATOD prevention programs	5
	3. Alternatives	
	1. Drug free dances and parties	3
	2. Youth/adult leadership activities	4
	3. Community drop-in centers	3
	4. Community service activities	5
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	3
	2. Student Assistance Programs	2

	3. Driving while under the influence/driving while intoxicated education programs	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	5
	2. Systematic planning	6
	3. Multi-agency coordination and collaboration/coalition	8
	4. Community team-building	8
	5. Accessing services and funding	6
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	6
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	4
	3. Modifying alcohol and tobacco advertising practices	3
	4. Product pricing strategies	2
Physically disabled	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	3
	2. Resources directories	2
	3. Media campaigns	2
	4. Brochures	3
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	2
	5. Mentors	2
	6. Preschool ATOD prevention programs	2
	3. Alternatives	

	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	2
	3. Community drop-in centers	2
	4. Community service activities	3
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	2
	2. Student Assistance Programs	2
	3. Driving while under the influence/driving while intoxicated education programs	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	2
	3. Multi-agency coordination and collaboration/coalition	4
	4. Community team-building	2
	5. Accessing services and funding	3
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	2
Abuse victims	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	5
	2. Resources directories	2
	3. Media campaigns	2
	4. Brochures	5
	5. Radio and TV public service announcements	2
	6. Speaking engagements	3
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	2. Education	

	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	3
	5. Mentors	2
	6. Preschool ATOD prevention programs	2
	3. Alternatives	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	2
	3. Community drop-in centers	2
	4. Community service activities	5
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	2
	2. Student Assistance Programs	2
	3. Driving while under the influence/driving while intoxicated education programs	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	4
	2. Systematic planning	4
	3. Multi-agency coordination and collaboration/coalition	7
	4. Community team-building	7
	5. Accessing services and funding	6
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	2
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	2
Already using substances	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	7
	2. Resources directories	4

3. Media campaigns	4
4. Brochures	7
5. Radio and TV public service announcements	3
6. Speaking engagements	6
7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	6
8. Information lines/Hot lines	3
2. Education	
1. Parenting and family management	4
2. Ongoing classroom and/or small group sessions	3
3. Peer leader/helper programs	3
4. Education programs for youth groups	6
5. Mentors	3
6. Preschool ATOD prevention programs	2
3. Alternatives	
1. Drug free dances and parties	2
2. Youth/adult leadership activities	4
3. Community drop-in centers	3
4. Community service activities	5
4. Problem Identification and Referral	
1. Employee Assistance Programs	4
2. Student Assistance Programs	2
3. Driving while under the influence/driving while intoxicated education programs	4
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	4
2. Systematic planning	6
3. Multi-agency coordination and collaboration/coalition	8
4. Community team-building	7
5. Accessing services and funding	6
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	4
2. Guidance and technical	

	assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	3
	3. Modifying alcohol and tobacco advertising practices	2
	4. Product pricing strategies	2
Homeless and/or runaway youth	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	3
	2. Resources directories	2
	3. Media campaigns	2
	4. Brochures	4
	5. Radio and TV public service announcements	2
	6. Speaking engagements	2
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	2
	8. Information lines/Hot lines	2
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	2
	3. Peer leader/helper programs	2
	4. Education programs for youth groups	2
	5. Mentors	2
	6. Preschool ATOD prevention programs	2
	3. Alternatives	
	1. Drug free dances and parties	2
	2. Youth/adult leadership activities	2
	3. Community drop-in centers	2
	4. Community service activities	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	2
	2. Systematic planning	2
	3. Multi-agency coordination and collaboration/coalition	5
	4. Community team-building	3
	5. Accessing services and funding	4
	6. Environmental	

1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	2
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	5
3. Modifying alcohol and tobacco advertising practices	2
4. Product pricing strategies	2

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Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

Level of Care	Number of Admissions ≥ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	487	459			
2. Free-Standing Residential	491	480	$426	$450	$181
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0			
4. Short-term (up to 30 days)	3787	3522	$1,717	$1,924	$1,114
5. Long-term (over 30 days)	278	262	$5,684	$5,120	$5,234
AMBULATORY (OUTPATIENT)					
6. Outpatient	4140	3952	$518	$314	$559
7. Intensive Outpatient	607	579	$762	$616	$681
8. Detoxification	0	0			
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	0	0			
10. ORT Outpatient	1358	1358	$2,764	$1,384	$4,580

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IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SABG.

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	400	144	82	138	12	0	0	1	1	4	3	0	0	11	4	297	102	1	0
2. 18 - 24	1257	475	442	169	122	0	0	0	0	9	10	0	0	19	11	669	585	4	0
3. 25 - 44	6081	2382	2294	759	424	4	0	11	5	101	57	0	0	34	10	3280	2785	13	5
4. 45 - 64	2109	982	544	392	132	2	2	1	1	28	12	0	0	10	3	1411	691	4	3
5. 65 and Over	97	36	17	36	7	0	0	0	0	0	0	0	0	1	0	73	24	0	0
6. Total	**9944**	**4019**	**3379**	**1494**	**697**	**6**	**2**	**13**	**7**	**142**	**82**	**0**	**0**	**75**	**28**	**5730**	**4187**	**22**	**8**
7. Pregnant Women	133		105		23		0		0		4		0		1		132		1

Number of persons served who were admitted in a period prior to the 12 month reporting period	1782
Number of persons served outside of the levels of care described on Table 10	0

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Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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Footnotes:

IV: Population and Services Reports

Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

Notice to Program Beneficiaries - Check all that apply:

- [x] Used model notice provided in final regulation.
- [ ] Used notice developed by State (please attach a copy to the Report).
- [ ] State has disseminated notice to religious organizations that are providers.
- [ ] State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- [x] State has developed specific referral system for this requirement.
- [ ] State has incorporated this requirement into existing referral system(s).
- [x] SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- [ ] Other networks and information systems are used to help identify providers.
- [ ] State maintains record of referrals made by religious organizations that are providers.

0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

No training was requested or given.

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Footnotes:

V: Performance Indicators and Accomplishments

Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	201	232
Total number of clients with non-missing values on employment/student status [denominator]	1,760	1,760
Percent of clients employed or student (full-time and part-time)	11.4 %	13.2 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,116
Number of CY 2017 discharges submitted:	3,641
Number of CY 2017 discharges linked to an admission:	1,971
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,760
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,760

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	3	3
Total number of clients with non-missing values on employment/student status [denominator]	68	68
Percent of clients employed or student (full-time and part-time)	4.4 %	4.4 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	184
Number of CY 2017 discharges submitted:	147
Number of CY 2017 discharges linked to an admission:	81
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	68

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	68

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	574	700
Total number of clients with non-missing values on employment/student status [denominator]	1,736	1,736
Percent of clients employed or student (full-time and part-time)	33.1 %	40.3 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,945
Number of CY 2017 discharges submitted:	4,721
Number of CY 2017 discharges linked to an admission:	1,810
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,736
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,736

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	14	14
Total number of clients with non-missing values on employment/student status [denominator]	120	120
Percent of clients employed or student (full-time and part-time)	11.7 %	11.7 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	1,139
Number of CY 2017 discharges submitted:	858
Number of CY 2017 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	120
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	120

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

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Footnotes:

V: Performance Indicators and Accomplishments

Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,605	1,736
Total number of clients with non-missing values on living arrangements [denominator]	1,760	1,760
Percent of clients in stable living situation	91.2 %	98.6 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,116
Number of CY 2017 discharges submitted:	3,641
Number of CY 2017 discharges linked to an admission:	1,971
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,760
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,760

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Long-term Residential(LR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	63	54
Total number of clients with non-missing values on living arrangements [denominator]	68	68
Percent of clients in stable living situation	92.6 %	79.4 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	184
Number of CY 2017 discharges submitted:	147
Number of CY 2017 discharges linked to an admission:	81
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	68

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	68

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Outpatient (OP)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	1,694	1,700
Total number of clients with non-missing values on living arrangements [denominator]	1,736	1,736
Percent of clients in stable living situation	97.6 %	97.9 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,945
Number of CY 2017 discharges submitted:	4,721
Number of CY 2017 discharges linked to an admission:	1,810
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,736
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,736

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Intensive Outpatient (IO)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	114	117
Total number of clients with non-missing values on living arrangements [denominator]	120	120
Percent of clients in stable living situation	95.0 %	97.5 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	1,139
Number of CY 2017 discharges submitted:	858
Number of CY 2017 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	120
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	120

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

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Footnotes:

05/31/19: So acknowledged, thank you.

V: Performance Indicators and Accomplishments

Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,479	1,763
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,770	1,770
Percent of clients without arrests	83.6 %	99.6 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,116
Number of CY 2017 discharges submitted:	3,641
Number of CY 2017 discharges linked to an admission:	1,971
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,770
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,770

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	67	71
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	71	71
Percent of clients without arrests	94.4 %	100.0 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	184
Number of CY 2017 discharges submitted:	147
Number of CY 2017 discharges linked to an admission:	81
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	71

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	71

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,649	1,712
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,752	1,752
Percent of clients without arrests	94.1 %	97.7 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,945
Number of CY 2017 discharges submitted:	4,721
Number of CY 2017 discharges linked to an admission:	1,810
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,752
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,752

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	119	115
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	123	123
Percent of clients without arrests	96.7 %	93.5 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	1,139
Number of CY 2017 discharges submitted:	858
Number of CY 2017 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	123
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	123

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

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Footnotes:

V: Performance Indicators and Accomplishments

Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,186	1,381
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,770	1,770
Percent of clients abstinent from alcohol	67.0 %	78.0 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		205
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	584	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		35.1 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,176
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,186	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.2 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,116
Number of CY 2017 discharges submitted:	3,641
Number of CY 2017 discharges linked to an admission:	1,971
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,770
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,770

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	66	65
All clients with non-missing values on at least one substance/frequency of use [denominator]	71	71
Percent of clients abstinent from alcohol	93.0 %	91.5 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		65
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	66	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.5 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	184
Number of CY 2017 discharges submitted:	147
Number of CY 2017 discharges linked to an admission:	81
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	71
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	71

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,351	1,377
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,752	1,752
Percent of clients abstinent from alcohol	77.1 %	78.6 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		135
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	401	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		33.7 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,242
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,351	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.9 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,945
Number of CY 2017 discharges submitted:	4,721
Number of CY 2017 discharges linked to an admission:	1,810
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,752
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,752

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Intensive Outpatient (IO)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)

Number of clients abstinent from alcohol [numerator]	112	111
All clients with non-missing values on at least one substance/frequency of use [denominator]	123	123
Percent of clients abstinent from alcohol	91.1 %	90.2 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	11	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		9.1 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		110
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	112	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.2 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	1,139
Number of CY 2017 discharges submitted:	858
Number of CY 2017 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	123
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	123

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

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Footnotes:

V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	324	718
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,770	1,770
Percent of clients abstinent from drugs	18.3 %	40.6 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		406
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,446	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		28.1 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		312
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	324	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.3 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,116
Number of CY 2017 discharges submitted:	3,641
Number of CY 2017 discharges linked to an admission:	1,971
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,770
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,770

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	6	25
All clients with non-missing values on at least one substance/frequency of use [denominator]	71	71
Percent of clients abstinent from drugs	8.5 %	35.2 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		20
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	65	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		30.8 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		5
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		83.3 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	184
Number of CY 2017 discharges submitted:	147
Number of CY 2017 discharges linked to an admission:	81
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	71
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	71

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	942	1,015
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,752	1,752
Percent of clients abstinent from drugs	53.8 %	57.9 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		242
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	810	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		29.9 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		773
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	942	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.1 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,945
Number of CY 2017 discharges submitted:	4,721
Number of CY 2017 discharges linked to an admission:	1,810
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,752
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,752

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Intensive Outpatient (IO)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)

Number of clients abstinent from drugs [numerator]	79	64
All clients with non-missing values on at least one substance/frequency of use [denominator]	123	123
Percent of clients abstinent from drugs	64.2 %	52.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		6
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	44	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		13.6 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		58
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	79	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		73.4 %

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	1,139
Number of CY 2017 discharges submitted:	858
Number of CY 2017 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	123
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	123

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

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Footnotes:

05/31/19: So acknowledged, thank you.

V: Performance Indicators and Accomplishments

Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Short-term Residential(SR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	267	1,309
Total number of clients with non-missing values on self-help attendance [denominator]	1,656	1,656
Percent of clients attending self-help programs	16.1 %	79.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	62.9 %	

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	4,116
Number of CY 2017 discharges submitted:	3,641
Number of CY 2017 discharges linked to an admission:	1,971
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,770
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,656

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Long-term Residential(LR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	8	49
Total number of clients with non-missing values on self-help attendance [denominator]	63	63
Percent of clients attending self-help programs	12.7 %	77.8 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	65.1 %	

Notes (for this level of care):	
Number of CY 2017 admissions submitted:	184
Number of CY 2017 discharges submitted:	147

Number of CY 2017 discharges linked to an admission:	81
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	71
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	63

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Outpatient (OP)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	259	493
Total number of clients with non-missing values on self-help attendance [denominator]	1,523	1,523
Percent of clients attending self-help programs	17.0 %	32.4 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	15.4 %	
Notes (for this level of care):		
Number of CY 2017 admissions submitted:	4,945	
Number of CY 2017 discharges submitted:	4,721	
Number of CY 2017 discharges linked to an admission:	1,810	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,752	
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	1,523	

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

Intensive Outpatient (IO)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	25	18
Total number of clients with non-missing values on self-help attendance [denominator]	109	109
Percent of clients attending self-help programs	22.9 %	16.5 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-6.4 %	
Notes (for this level of care):		

Number of CY 2017 admissions submitted:	1,139
Number of CY 2017 discharges submitted:	858
Number of CY 2017 discharges linked to an admission:	125
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	123
Number of CY 2017 linked discharges eligible for this calculation (non-missing values):	109

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

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Footnotes:

05/31/19: So acknowledged, thank you.

V: Performance Indicators and Accomplishments

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	3	3	3	3
2. Free-Standing Residential	28	8	26	35
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	33	14	27	33
5. Long-term (over 30 days)	30	6	24	44
AMBULATORY (OUTPATIENT)				
6. Outpatient	87	7	64	120
7. Intensive Outpatient	78	20	49	118
8. Detoxification	0	0	0	0
OPIOID REPLACEMENT THERAPY				
9. Opioid Replacement Therapy	27	9	24	30
10. ORT Outpatient	76	15	43	79

Level of Care	2017 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	107	100
2. Free-Standing Residential	821	361
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	3641	1971

5. Long-term (over 30 days)	147	81
AMBULATORY (OUTPATIENT)		
6. Outpatient	4721	1752
7. Intensive Outpatient	858	125
8. Detoxification	0	0
OPIOID REPLACEMENT THERAPY		
9. Opioid Replacement Therapy	0	113
10. ORT Outpatient	0	58

Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file
[Records received through 12/1/2018]

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Footnotes:

05/31/19: Table 10 is accurate, we do not provide opioid replacement therapy (row 9) described as opioid replacement therapy detoxification in the instructions. Arkansas does provide ORT outpatient (row 10), however, we do not fund the ORT providers. Arkansas' State Opioid Treatment Authority monitors providers' compliance with federal regulations. Thus, we do not have any costs to report.

Table 20 inaccurately is pulling data from TEDS. All columns in Row 9 should be zeroed out. We have consulted the TEDS crosswalk and are not able to determine why this error is occurring.

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Table 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	**Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2015 - 2016	13.5	
	Age 21+ - CY 2015 - 2016	44.9	
2. 30-day Cigarette Use	**Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2015 - 2016	5.1	
	Age 18+ - CY 2015 - 2016	28.3	
3. 30-day Use of Other Tobacco Products	**Survey Item: NSDUH Questionnaire:** "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2015 - 2016	4.0	
	Age 18+ - CY 2015 - 2016	9.3	
4. 30-day Use of Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2015 - 2016	4.7	
	Age 18+ - CY 2015 - 2016	7.6	
5. 30-day Use of Illegal Drugs Other Than Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2] **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2015 - 2016	4.0	

	Age 18+ - CY 2015 - 2016	3.7	

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.
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Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2015 - 2016	80.1	
	Age 21+ - CY 2015 - 2016	80.4	
2. Perception of Risk From Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015 - 2016	93.6	
	Age 18+ - CY 2015 - 2016	92.6	
3. Perception of Risk From Marijuana	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015 - 2016	72.6	
	Age 18+ - CY 2015 - 2016	58.0	

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Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	**Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2015 - 2016	14.6	
	Age 21+ - CY 2015 - 2016		
2. Age at First Use of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2015 - 2016	12.9	
	Age 18+ - CY 2015 - 2016	15.6	
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2015 - 2016	13.5	
	Age 18+ - CY 2015 - 2016	19.5	
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2015 - 2016	13.9	
	Age 18+ - CY 2015 - 2016	18.2	
5. Age at First Use Heroin	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of heroin.		
	Age 12 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

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Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015 - 2016	93.8	
2. Perception of Peer Disapproval of Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2015 - 2016	89.1	
3. Disapproval of Using Marijuana Experimentally	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015 - 2016	85.9	
4. Disapproval of Using Marijuana Regularly	**Source Survey Item: NSDUH Questionnaire:** "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015 - 2016	85.5	
5. Disapproval of Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2015 - 2016		

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Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2015 - 2016		
	Age 18+ - CY 2015 - 2016	46.9	

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Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2015	91.2	

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Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2016	27.5	

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Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	**Source:** Federal Bureau of Investigation Uniform Crime Reports **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2016	18.3	

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Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	**Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] **Outcome Reported:** Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2015 - 2016	55.1	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?[1][Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2015 - 2016	80.8	

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

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Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]? **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2015 - 2016	84.6	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

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Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2016	12/31/2016
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2016	12/31/2016
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2016	12/31/2016
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2016	12/31/2016
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2015	9/30/2017

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

The Arkansas Prevention WITS data system provides full functionality for tracking all prevention activities within the state and its regions of service areas. WITS contains a multi-dimensional prevention plan that allows contracted agencies to implement appropriate interventions. Implementation data is collected based on the workflow of the users, allowing for rapid but thorough collection of data required by the block grant and other required reporting mechanisms. All data collected can be used for subsequent evaluation, assessment and planning activities.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether thes State added those participants to the number for each applicable racial category or whether the State added all those partipants to the More Than One Race subcategory.

WITS collects racial data in the following categories: White/Caucasian, Black/African American, Native Hawaiian/Other Pacific Islander, Asian, American Indianan/Alaskan Native, Unknown/Other.

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Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	2075
5-11	5404
12-14	5080
15-17	4526
18-20	6789
21-24	6107
25-44	11352
45-64	10544
65 and over	8150
Age Not Known	11520
Gender	
Male	25807
Female	32440
Gender Unknown	13300
Race	
White	46337
Black or African American	5360
Native Hawaiian/Other Pacific Islander	762
Asian	665
American Indian/Alaska Native	395
More Than One Race (not OMB required)	610

Race Not Known or Other (not OMB required)	17418
Ethnicity	
Hispanic or Latino	2124
Not Hispanic or Latino	52660
Ethnicity Unknown	16763

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

The Arkansas Prevention WITS data system provides full functionality for tracking all pr3evention activities within the state and its regions of service areas. WITS contains a multi-dimensional prevention plan that allows contracted agencies to implement appropriate interventions. Implementation data is collected based on the workflow of the users, allowing for rapid but thorough collection of data required by the block grant and other required reporting mechanisms. All data collected can be used for subsequent evaluation, assessment and planning activities.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.
Indicate whether thes State added those participants to the number for each applicable racial category or whether the State added all those partipants to the More Than One Race subcategory.

WITS collects racial data in the following categories: White/Caucasian, Black/African American, Native Hawaiian/Other Pacific Islander, Asian, American Indianan/Alaskan Native, Unknown/Other.

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Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	1580
5-11	10978
12-14	7952
15-17	5481
18-20	5153
21-24	4838
25-44	16907
45-64	16257
65 and over	3691
Age Not Known	3311
Gender	
Male	34486
Female	39485
Gender Unknown	2177
Race	
White	50961
Black or African American	18333
Native Hawaiian/Other Pacific Islander	1108
Asian	750
American Indian/Alaska Native	34
More Than One Race (not OMB required)	189

Race Not Known or Other (not OMB required)	4773
Ethnicity	
Hispanic or Latino	4458
Not Hispanic or Latino	67783
Ethnicity Unknown	3907

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Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	37960	N/A
2. Universal Indirect	N/A	76148
3. Selective	32709	N/A
4. Indicated	878	N/A
5. Total	**71547**	**76148**

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Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:
    The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:
    The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:
    The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:
    The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Eight Regional Prevention Providers were funded through September 2016. In October 2016, Arkansas increased to 13 Regional Prevention Providers. Each provider was mandated to provide evidence based prevention programs while incorporating the CSAP strategies.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

The WITS reporting system. The number of programs and strategies were entered into the system by the providers.

Table 34 - SUBSTANCE ABUSE PREVENTION **Number of Evidence-Based Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	230	301	531	0	46	577
2. Total number of Programs and Strategies Funded	749	595	1344	40	47	1431
3. Percent of Evidence-Based Programs and Strategies	30.71 %	50.59 %	39.51 %	0.00 %	97.87 %	40.32 %

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Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 85	$ 44151.92
Universal Indirect	Total # 3662	$ 923516.33
Selective	Total # 0	$ 0.00
Indicated	Total # 0	$ 0.00
	Total EBPs: 3747	Total Dollars Spent: $967668.25

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Prevention Attachments

Submission Uploads

FFY 2017 Prevention Attachment Category A:

File	Version	Date Added

FFY 2017 Prevention Attachment Category B:

File	Version	Date Added

FFY 2017 Prevention Attachment Category C:

File	Version	Date Added

FFY 2017 Prevention Attachment Category D:

File	Version	Date Added

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