Arkansas

UNIFORM APPLICATION
FY 2020 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
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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	Post Office Box 1437 Slot W-241
City	Little Rock
Zip Code	72203-1437

II. Contact Person for the Block Grant

First Name	Jay
Last Name	Hill
Agency Name	AR DHS, Division of Aging, Adult and Behavioral Health Services
Mailing Address	PO Box 1437 Slot W-241
City	Little Rock
Zip Code	72203-1437
Telephone	501-686-9164
Fax	
Email Address	jay.hill@dhs.arkansas.gov

III. Expenditure Period

State Expenditure Period

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

Block Grant Expenditure Period

From	10/1/2016
To	9/30/2018

IV. Date Submitted

Submission Date	12/2/2019 7:09:29 PM
Revision Date	

V. Contact Person Responsible for Report Submission

First Name	Rachael
Last Name	Veregge
Telephone	501-320-6431
Fax	
Email Address	rachael.veregge@dhs.arkansas.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name	Carrie
Last Name	Anderson
Telephone	501-396-6791
Email Address	carrie.anderson@dhs.arkansas.gov

Footnotes:

II: Annual Update

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)*:

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

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

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

Indicator #: 2

Indicator: Units of Services Provided

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

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

During Year 1, Arkansas saw a decrease in the number of residential treatment, outpatient treatment and detoxification days from our baseline measurements. Arkansas began utilizing discretionary grant funding that targeted opioid users which allowed block grant funding to be used to cover other service gaps. Additionally outpatient 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)*:

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

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

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

Priority #: 2

Priority Area: Mental Health Treatment

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

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

Strategies to attain the goal:

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

Priority #: 3

Priority Area: Behavioral Health Medicaid transformation

Priority Type: SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

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

Strategies to attain the goal:

Continue to meet with stakeholders to garner feedback and support.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Transition RSPMI Providers to BHA 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)*:

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

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

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

Indicator #: 2

Indicator: Transition of LMHP providers to ILP providers

Baseline Measurement: 41

First-year target/outcome measurement: 43

Second-year target/outcome measurement: 45

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

Data Source:

Medicaid data warehouse; provider database

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

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

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

At the end of SFY 2017 there was a total of 41 certified LMHPs. During SFY 2018, 55 individuals were certified as ILPs. Of these 55, 17 had converted from the former LMHP program to the new ILP program. Thus far in SFY 2019, 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)*:

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

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

At the end of SFY 2017 there was a total of 41 certified LMHPs. As of this report, 24 former LMHPs had converted to the ILP program. However, as of this report a total of 287 individuals have been certified as an ILP.

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

Priority #: 4

Priority Area: Children's System of Care

Priority Type: MHS

Population(s): SED

Goal of the priority area:

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

Strategies to attain the goal:

* Partner with NAMI AR to develop youth and family capacity and hire Liaisons

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Support Groups Held (Through NAMI AR)

Baseline Measurement: 4

First-year target/outcome measurement: 6

Second-year target/outcome measurement: 10

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

Data Source:

NAMI AR

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Indicator #: 2

Indicator: Number of Individuals Trained by UALR/MidSOUTH

Baseline Measurement: 426

First-year target/outcome measurement: 356

Second-year target/outcome measurement: 400

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

Data Source:

UALR/MidSOUTH

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
The Behavioral Health transformation in Arkansas was many years in the making. Many of the providers have been resistant to the system changes. It is this hesitancy that led to providers being more reluctant to hire and enroll employees into the Family Support Partner and Youth Support Specialist trainings until the transformation was approved by the legislature and implemented. Information has since been disbursed to garner more enthusiasm for the trainings while advising providers of the benefits of having Family Support Partners and Youth Support Specialists. We expect that since the transformation has been approved and is implemented that the numbers of individuals being trained will increase in the years to come.

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

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

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

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

Indicator #: 3

Indicator: Number of Youth and Family Affiliate Liaisons Hired

Baseline Measurement: 9 Youth and 5 Family Liaisons Hired

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

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

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

Data Source:

Mid-South Health Systems

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

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

Priority #: 5

Priority Area: Consumer Affairs

Priority Type: SAT, MHS

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

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

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

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

Priority #: 6

Priority Area: Alcohol Use Among Youth, Adults and the Military

Priority Type: SAP

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

Goal of the priority area:

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

Strategies to attain the goal:

• Increase utilization of the Center for Substance Abuse Prevention (CSAP) strategies: information dissemination, education/training community-based, problem identification and referral.

• Coordinate services for veterans, families, and other impacted by combat to determine and fill gaps based on issues, geography, age, and gender.

• Increase leadership and advocacy training for youth.

• Increase training about prevention to physicians and other healthcare providers for a greater understanding of science of addiction and prescription drug issues related to over prescribing.

• Increase drug education and services to college age youth.

• Increase survey participation on college campuses.

•Increase public awareness of substance abuse and misuse.

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 12%

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

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

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

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

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)*:

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

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

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

Indicator #: 3

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

Baseline Measurement: 0

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

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

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Priority #: 7

Priority Area: Tobacco Use among the Youth, Adults and the Military

Priority Type: SAP

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

Goal of the priority area:

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

Strategies to attain the goal:

• Increase utilization of the Center for Substance Abuse Prevention (CSAP) strategies to promote information dissemination, education/training, alternatives, environmental, community-based, problem identification and referral

• Coordinate services for veterans, families, and other impacted by combat to determine and fill gaps based on issues, geography, age, and gender.

• Expand youth efforts for leadership and advocacy by increasing the knowledge and skills involved in prevention and community mobilization so that

youth will become recognized advocates for themselves and their peers.

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 6%

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

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

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.
Prevention WITS directly supports efforts by State agencies, Tribal organizations, Providers and US territories to implement SAMHSA's Strategic Prevention Framework (SPF).

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Indicator #: 2

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

Baseline Measurement: 1,122,046

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

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

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.
Prevention WITS directly supports efforts by State agencies, Tribal organizations, Providers and US territories to implement SAMHSA's Strategic Prevention Framework (SPF).

Arkansas Prevention 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)*:

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

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

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

Indicator #: 3

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

Baseline Measurement: 0

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

State Epidemiological Outcome Workgroup: This report provides an overview of substance consumption and consequence at both statewide and county levels. The purpose of the profile is to provide state policy-makers with a comprehensive picture of substance abuse challenges faced in Arkansas.
Prevention WITS directly supports efforts by State agencies, Tribal organizations, Providers and US territories to implement SAMHSA's Strategic Prevention Framework (SPF).

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

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)*:

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

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

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

Indicator #: 2

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

Baseline Measurement: 1,122,046

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

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

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

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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

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

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

Indicator #: 3

Indicator: Number of completed on-line 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)*:

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

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

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

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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: 7/1/2018 Expenditure Period End Date: 6/30/2019

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	$6,053,172		$0	$1,421,171	$2,861,519	$0	$2,299,098
a. Pregnant Women and Women with Dependent Children*	$501,345						
b. All Other	$5,551,827			$1,421,171	$2,861,519		$2,299,098
2. Substance Abuse Primary Prevention	$2,679,774			$5,434,449			
3. Tuberculosis Services							
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) **							
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)	$388,721			$337,760	$302,707		
11. Total	**$9,121,667**	**$0**	**$0**	**$7,193,380**	**$3,164,226**	**$0**	**$2,299,098**

*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

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Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2018 Expenditure End Date: 06/30/2019

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG funds used for SSP	SUD Treatment Provider	Number Of Locations (include mobile if any)	Narcan Provided
No Data Available					

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Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2018 Expenditure End Date: 06/30/2019

Syringe Service Program Name	# of Unique Individuals Served	*[Please enter total number of individuals served]*					
			HIV Testing	Treatment for Substance Use Conditions	Treatment for Physical Health	STD Testing	Hep C
	0	ONSITE Testing	0	0	0	0	0
		Referral to testing	0	0	0	0	0

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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: 10/1/2016 Expenditure Period End Date: 9/30/2018

Expenditure Category	FY 2017 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	$11,669,911
2. Primary Prevention	$1,421,397
3. Tuberculosis Services	$0
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	$0
5. Administration (excluding program/provider level)	$433,347
Total	**$13,524,655**

*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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Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	$43,177	$	$	$	$
Information Dissemination	Indicated	$10,746	$	$	$	$
Information Dissemination	Universal	$74,002	$	$	$	$
Information Dissemination	Unspecified	$	$	$	$	$
Information Dissemination	**Total**	**$127,926**	**$**	**$**	**$**	**$**
Education	Selective	$58,307	$	$	$	$
Education	Indicated	$12,920	$	$	$	$
Education	Universal	$184,623	$	$	$	$
Education	Unspecified	$	$	$	$	$
Education	**Total**	**$255,851**	**$**	**$**	**$**	**$**
Alternatives	Selective	$14,009	$	$	$	$
Alternatives	Indicated	$3,666	$	$	$	$
Alternatives	Universal	$39,181	$	$	$	$
Alternatives	Unspecified	$	$	$	$	$
Alternatives	**Total**	**$56,856**	**$**	**$**	**$**	**$**
Problem Identification and Referral	Selective	$2,940	$	$	$	$
Problem Identification and Referral	Indicated	$240	$	$	$	$
Problem Identification and Referral	Universal	$2,505	$	$	$	$
Problem Identification and Referral	Unspecified	$	$	$	$	$
Problem Identification and Referral	**Total**	**$5,686**	**$**	**$**	**$**	**$**
Community-Based Process	Selective	$38,998	$	$	$	$

Community-Based Process	Indicated	$17,491	$	$	$	$
Community-Based Process	Universal	$142,506	$	$	$	$
Community-Based Process	Unspecified	$	$	$	$	$
Community-Based Process	**Total**	**$198,995**	**$**	**$**	**$**	**$**
Environmental	Selective	$38,600	$	$	$	$
Environmental	Indicated	$6,324	$	$	$	$
Environmental	Universal	$81,579	$	$	$	$
Environmental	Unspecified	$	$	$	$	$
Environmental	**Total**	**$126,504**	**$**	**$**	**$**	**$**
Section 1926 Tobacco	Selective	$	$	$	$	$
Section 1926 Tobacco	Indicated	$	$	$	$	$
Section 1926 Tobacco	Universal	$19,473	$	$	$	$
Section 1926 Tobacco	Unspecified	$	$	$	$	$
Section 1926 Tobacco	**Total**	**$19,473**	**$**	**$**	**$**	**$**
Other	Selective	$	$	$	$	$
Other	Indicated	$	$	$	$	$
Other	Universal	$630,106	$	$	$	$
Other	Unspecified	$	$	$	$	$
Other	**Total**	**$630,106**	**$**	**$**	**$**	**$**
	Grand Total	**$1,421,397**	**$**	**$**	**$**	**$**

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Information Dissemination 9%
Education 18%
Alternatives 4%
Problem Identification and Referral <1%
Community Based Practices 14%
Environmental 9%
Tobacco 1%
Other 44%

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Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	$325,499	$0	$0	$0	$0
Universal Indirect	$616,603	$0	$0	$0	$0
Selective	$392,589	$0	$0	$0	$0
Indicated	$86,705	$0	$0	$0	$0
Column Total	**$1,421,396**	**$0**	**$0**	**$0**	**$0**

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Universal Direct 22%
Universal Indirect 43.38%
Selective 27.62%
Indicated 6.10%

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

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2017 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

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:

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Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

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		$134,338.87				$134,338.87
2. Quality Assurance						$0.00
3. Training (Post-Employment)		$116,505.88				$116,505.88
4. Education (Pre-Employment)						$0.00
5. Program Development		$1,089,168.44				$1,089,168.44
6. Research and Evaluation		$17,096.38				$17,096.38
7. Information Systems		$64,287.58				$64,287.58
8. Total	**$0.00**	**$1,421,397.15**	**$0.00**	**$0.00**	**$0.00**	**$1,421,397.15**

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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: 10/1/2016 Expenditure Period End Date: 9/30/2018

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID (formerly I-SATS)		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
	AR301668	AR301668	✗	Catchment Area 13	Delta Counseling Associates	5th Avenue and Texas Street P.O. Box 1195	Crossett	AR	71635	$32,395	$32,395	$0	$0	$0	$0
	D51023	AR901152	✓	Catchment Area 9	Family Service Agency	628 West Broadway Suite 300	North Little Rock	AR	72114-5544	$115,513	$115,513	$0	$0	$0	$0
	D83231	AR900808	✓	Catchment Area 5	Harbor House Inc	3900 Armour Drive	Fort Smith	AR	72901	$1,204,718	$1,204,718	$243,720	$0	$0	$0
	D90005-06	AR100768	✓	Catchment Area 5	NE Arkansas Community MH Center	602 David Street	Corning	AR	72422	$1,050,153	$1,050,153	$66,497	$0	$0	$0
	D12031	AR100331	✗	Catchment Area 1	Preferred Famly Healthcare Inc DBA Decision Point	602 North Walton Boulevard	Bentonville	AR	72712	$2,389,043	$2,389,043	$510,780	$0	$0	$0
	D64431-01	AR901160	✓	Catchment Area 5	Quapaw House Inc	812 Mountain Pine Road	Hot Springs	AR	71913	$2,724,686	$2,724,686	$200,209	$0	$0	$0
	D546313-01	AR750351	✓	Catchment Area 9	RECOVERY CENTERS OF ARKANSAS	1201 River Road	North Little Rock	AR	72114	$1,524,856	$1,524,856	$258,080	$0	$0	$0
	AR100181	AR100181	✗	Catchment Area 10	Southwest Arkansas Counseling and Mental Health Center	7000 North State Line Avenue	Texarkana	AR	71854	$706,425	$706,425	$103,914	$0	$0	$0
	d41838	AR000101	✗	Catchment Area 13	Tenth District Substance Abuse Prog	412 York Street	Warren	AR	71671	$1,167,218	$1,167,218	$181,480	$0	$0	$0
	3	ar100454	✗	Catchment Area 9	UALR MidSouth	2801 South University	Little Rock	AR	72201	$1,528,129	$126,586	$0	$1,401,542	$0	$0
	D56000	AR100791	✗	Catchment Area 9	UAMS Subsance Abuse Treatment Clinic	4301 West Markham Slot 835	Little Rock	AR	72205	$240,579	$240,579	$0	$0	$0	$0
	9901350077	na	✗	99	University of Arkansas at Fayetteville Criminal Justice Institute	26 Corporate Hill Drive	little Rock	AR	72205	$19,855	$0	$0	$19,855	$0	$0
	D80533-01	AR301429	✗	Catchment Area 5	Western Arkansas Counseling and Guidance	3113 South 70th Street	Fort Smith	AR	72903	$197,044	$197,044	$0	$0	$0	$0
Total										$12,900,614	$11,479,216	$1,564,680	$1,421,397	$0	$0

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

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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: Expenditure Period End Date:

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period **(A)**	**Expenditures** **(B)**	**B1(2017) + B2(2018)** **2** **(C)**
SFY 2017 (1)	$7,919,798	
SFY 2018 (2)	$8,085,972	$8,002,885
SFY 2019 (3)	$5,463,324	

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

SFY 2017 Yes **X** No ____

SFY 2018 Yes **X** No ____

SFY 2019 Yes **X** No ____

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 or Jurisdiction submit an official request to SAMHSA 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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III: Expenditure Reports

Table 8b - 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: Expenditure Period End Date:

Base

Period	Total Women's Base (A)
SFY 1994	$ 1,169,362.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2017		$ 1,438,727.00	
SFY 2018		$ 1,837,562.00	
SFY 2019		$ 501,345.00	(•) 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).
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: 1,438,727/1,837,562/501,345. These expenses represent only Federal funding. The methodology calculations for the SFY 2019 MOE are based on the following:

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Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C.? 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2016 Expenditure Period End Date: 9/30/2018

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

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

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

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

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

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

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

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

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

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

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

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

	enforcement governing availability and distribution of alcohol, tobacco, and other drugs	1
	3. Modifying alcohol and tobacco advertising practices	1
	4. Product pricing strategies	1

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Footnotes:

Beginning in 10/01/2016, the State agency engaged in a contractual relationship with UALR/MidSOUTH to provide management and oversight of the thirteen regional prevention providers. The thirteen regional prevention providers offer services described in this table to the community.

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: 7/1/2018 Expenditure Period End Date: 6/30/2019

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	563	526			
2. Free-Standing Residential	118	115			
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient					
4. Short-term (up to 30 days)	2898	2681			
5. Long-term (over 30 days)	118	112			
AMBULATORY (OUTPATIENT)					
6. Outpatient	2916	2750			
7. Intensive Outpatient	420	393			
8. Detoxification					
MEDICATION-ASSISTED TREATMENT					
9. Medication-Assisted Treatment	1012	1012			

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Footnotes:

Data to complete this table was sourced from substance abuse providers that are contracted by DAABHS to provide treatment services utilizing block grant dollars.

IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

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

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

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	176	62	36	58	7	0	1	1	0	0	1	0	0	10	0	131	45	0	0
2. 18 - 24	766	271	240	127	82	0	1	3	1	7	10	0	0	18	6	426	340	0	0
3. 25 - 44	4755	1937	1701	590	339	3	2	13	3	54	28	0	0	59	26	2656	2099	0	0
4. 45 - 64	1754	843	438	322	102	1	2	2	0	19	5	0	0	18	2	1205	549	0	0
5. 65 and Over	83	36	17	26	2	0	0	0	0	2	0	0	0	0	0	64	19	0	0
6. Total	**7534**	**3149**	**2432**	**1123**	**532**	**4**	**6**	**19**	**4**	**82**	**44**	**0**	**0**	**105**	**34**	**4482**	**3052**	**0**	**0**
7. Pregnant Women	86		59		25		0		0		1		0		1		86		

Number of persons served who were admitted in a period prior to the 12 month reporting period	4301
Number of persons served outside of the levels of care described on Table 10	0

Are the values reported in this table generated from a client based system with unique client identifiers? (•) Yes ( ) No

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Footnotes:

Data to complete this table was sourced from substance abuse providers who are contracted by DAABHS to provide treatment services utilizing block grant dollars. This does not include persons in the Medical Detox (Hospital Inpatient) program.

Last year when we requested the number of persons served who were admitted in a period prior to the 12 month reporting period, we reported an incorrect total. The correct total should have been 4790. There was an issue in the logic model being used in the previous year's data query.

IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

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:

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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: 7/1/2018 Expenditure Period End Date: 6/30/2019

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 the total number of referrals to other substance abuse providers ("alternative providers") necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

No training was requested during this reporting period. No training was given during this reporting period.

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Footnotes:

IV: Population and Services Reports

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]	369	357
Total number of clients with non-missing values on employment/student status [denominator]	2,365	2,365
Percent of clients employed or student (full-time and part-time)	15.6 %	15.1 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	4,157
Number of CY 2018 discharges submitted:	4,288
Number of CY 2018 discharges linked to an admission:	2,437
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,365
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,365

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	5	5
Total number of clients with non-missing values on employment/student status [denominator]	77	77
Percent of clients employed or student (full-time and part-time)	6.5 %	6.5 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	159
Number of CY 2018 discharges submitted:	158
Number of CY 2018 discharges linked to an admission:	78
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	77

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	77

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	986	1,076
Total number of clients with non-missing values on employment/student status [denominator]	2,372	2,372
Percent of clients employed or student (full-time and part-time)	41.6 %	45.4 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	5,247
Number of CY 2018 discharges submitted:	4,993
Number of CY 2018 discharges linked to an admission:	2,516
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,372
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,372

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	17	20
Total number of clients with non-missing values on employment/student status [denominator]	313	313
Percent of clients employed or student (full-time and part-time)	5.4 %	6.4 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	951
Number of CY 2018 discharges submitted:	921
Number of CY 2018 discharges linked to an admission:	329
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	313

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	313

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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Footnotes:

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

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,030	2,275
Total number of clients with non-missing values on living arrangements [denominator]	2,365	2,365
Percent of clients in stable living situation	85.8 %	96.2 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	4,157
Number of CY 2018 discharges submitted:	4,288
Number of CY 2018 discharges linked to an admission:	2,437
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,365
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,365

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	67	74
Total number of clients with non-missing values on living arrangements [denominator]	77	77
Percent of clients in stable living situation	87.0 %	96.1 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	159
Number of CY 2018 discharges submitted:	158
Number of CY 2018 discharges linked to an admission:	78
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	77
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	77

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,312	2,338
Total number of clients with non-missing values on living arrangements [denominator]	2,372	2,372
Percent of clients in stable living situation	97.5 %	98.6 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	5,247
Number of CY 2018 discharges submitted:	4,993
Number of CY 2018 discharges linked to an admission:	2,516
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,372
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,372

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	269	300
Total number of clients with non-missing values on living arrangements [denominator]	313	313
Percent of clients in stable living situation	85.9 %	95.8 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	951
Number of CY 2018 discharges submitted:	921
Number of CY 2018 discharges linked to an admission:	329
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	313
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	313

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Footnotes:

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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]	1,987	2,363
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,372	2,372
Percent of clients without arrests	83.8 %	99.6 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	4,157
Number of CY 2018 discharges submitted:	4,288
Number of CY 2018 discharges linked to an admission:	2,437
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,372
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,372

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	72	78
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	78	78
Percent of clients without arrests	92.3 %	100.0 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	159
Number of CY 2018 discharges submitted:	158
Number of CY 2018 discharges linked to an admission:	78
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	78

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	78

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	2,277	2,382
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,411	2,411
Percent of clients without arrests	94.4 %	98.8 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	5,247
Number of CY 2018 discharges submitted:	4,993
Number of CY 2018 discharges linked to an admission:	2,516
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,411
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,411

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	279	319
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	320	320
Percent of clients without arrests	87.2 %	99.7 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	951
Number of CY 2018 discharges submitted:	921
Number of CY 2018 discharges linked to an admission:	329
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	320

Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	320

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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Footnotes:

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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]	1,571	1,902
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,372	2,372
Percent of clients abstinent from alcohol	66.2 %	80.2 %

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]		338
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	801	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		42.2 %

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]		1,564
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,571	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.6 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	4,157
Number of CY 2018 discharges submitted:	4,288
Number of CY 2018 discharges linked to an admission:	2,437
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,372
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,372

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	69	73
All clients with non-missing values on at least one substance/frequency of use [denominator]	78	78
Percent of clients abstinent from alcohol	88.5 %	93.6 %

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]		5
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		55.6 %

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]		68
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	69	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.6 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	159
Number of CY 2018 discharges submitted:	158
Number of CY 2018 discharges linked to an admission:	78
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	78
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	78

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	2,005	2,049
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,411	2,411
Percent of clients abstinent from alcohol	83.2 %	85.0 %

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]		136
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	406	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		33.5 %

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]		1,913
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,005	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.4 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	5,247
Number of CY 2018 discharges submitted:	4,993
Number of CY 2018 discharges linked to an admission:	2,516
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,411
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,411

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	289	285
All clients with non-missing values on at least one substance/frequency of use [denominator]	320	320
Percent of clients abstinent from alcohol	90.3 %	89.1 %

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]		7
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	31	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		22.6 %

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]		278
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	289	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		96.2 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	951
Number of CY 2018 discharges submitted:	921
Number of CY 2018 discharges linked to an admission:	329
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	320
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	320

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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Footnotes:

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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]	478	1,175
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,372	2,372
Percent of clients abstinent from drugs	20.2 %	49.5 %

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]		720
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,894	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		38.0 %

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]		455
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	478	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		95.2 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	4,157
Number of CY 2018 discharges submitted:	4,288
Number of CY 2018 discharges linked to an admission:	2,437
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,372
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,372

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	21	40
All clients with non-missing values on at least one substance/frequency of use [denominator]	78	78
Percent of clients abstinent from drugs	26.9 %	51.3 %

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]		22
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	57	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		38.6 %

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]		18
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	21	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		85.7 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	159
Number of CY 2018 discharges submitted:	158
Number of CY 2018 discharges linked to an admission:	78
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	78
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	78

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	1,464	1,399
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,411	2,411
Percent of clients abstinent from drugs	60.7 %	58.0 %

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]		194
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	947	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		20.5 %

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]		1,205
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,464	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.3 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	5,247
Number of CY 2018 discharges submitted:	4,993
Number of CY 2018 discharges linked to an admission:	2,516
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,411
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,411

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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]	250	218
All clients with non-missing values on at least one substance/frequency of use [denominator]	320	320
Percent of clients abstinent from drugs	78.1 %	68.1 %

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]		22
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	70	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		31.4 %

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]		196
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	250	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		78.4 %

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	951
Number of CY 2018 discharges submitted:	921
Number of CY 2018 discharges linked to an admission:	329
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	320
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	320

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

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Footnotes:

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

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	205	994
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,058	2,058
Percent of clients participating in self-help groups	10.0 %	48.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	38.3 %	

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	4,157
Number of CY 2018 discharges submitted:	4,288
Number of CY 2018 discharges linked to an admission:	2,437
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,372
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,058

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	6	21
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	67	67
Percent of clients participating in self-help groups	9.0 %	31.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	22.4 %	

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	159
Number of CY 2018 discharges submitted:	158

Number of CY 2018 discharges linked to an admission:	78
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	78
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	67

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	456	754
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	2,196	2,196
Percent of clients participating in self-help groups	20.8 %	34.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	13.6 %	

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	5,247
Number of CY 2018 discharges submitted:	4,993
Number of CY 2018 discharges linked to an admission:	2,516
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	2,411
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	2,196

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
[Records received through 5/1/2019]

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	37	60
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	300	300
Percent of clients participating in self-help groups	12.3 %	20.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	7.7 %	

Notes (for this level of care):	
Number of CY 2018 admissions submitted:	951

Number of CY 2018 discharges submitted:	921
Number of CY 2018 discharges linked to an admission:	329
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	320
Number of CY 2018 linked discharges eligible for this calculation (non-missing values):	300

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
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IV: Population and Services Reports

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	2	2	3
2. Free-Standing Residential	38	7	21	31
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	26	12	25	30
5. Long-term (over 30 days)	43	20	41	60
AMBULATORY (OUTPATIENT)				
6. Outpatient	73	9	57	106
7. Intensive Outpatient	79	25	49	110
8. Detoxification	0	0	0	0
MEDICATION-ASSISTED TREATMENT				
9. Medication-Assisted Treatment	12	2	2	2

Level of Care	2018 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	528	448
2. Free-Standing Residential	306	128
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	4288	2437
5. Long-term (over 30 days)	158	78

AMBULATORY (OUTPATIENT)		
6. Outpatient	4993	2415
7. Intensive Outpatient	921	329
8. Detoxification	0	0
MEDICATION-ASSISTED TREATMENT		
9. Medication-Assisted Treatment		85

Source: SAMHSA/CBHSQ TEDS CY 2018 admissions file and CY 2018 linked discharge file
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TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY 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 2016 - 2017	13.9	
	Age 21+ - CY 2016 - 2017	44.4	
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 2016 - 2017	6.1	
	Age 18+ - CY 2016 - 2017	26.5	
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 2016 - 2017	6.2	
	Age 18+ - CY 2016 - 2017	10.5	
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 2016 - 2017	5.4	
	Age 18+ - CY 2016 - 2017	8.9	
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 2016 - 2017	4.2	

	Age 18+ - CY 2016 - 2017	4.2	

[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 2016 - 2017	77.8	
	Age 21+ - CY 2016 - 2017	79.3	
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 2016 - 2017	92.2	
	Age 18+ - CY 2016 - 2017	91.0	
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 2016 - 2017	69.9	
	Age 18+ - CY 2016 - 2017	55.5	

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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 2016 - 2017	14.6	
	Age 21+ - CY 2016 - 2017		
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 2016 - 2017	12.8	
	Age 18+ - CY 2016 - 2017	15.7	
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 2016 - 2017	13.4	
	Age 18+ - CY 2016 - 2017	19.1	
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 2016 - 2017	13.6	
	Age 18+ - CY 2016 - 2017	18.1	
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 2016 - 2017		
	Age 18+ - CY 2016 - 2017		
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 2016 - 2017		
	Age 18+ - CY 2016 - 2017		

[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 2016 - 2017	93.7	
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 2016 - 2017	91.1	
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 2016 - 2017	82.9	
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 2016 - 2017	84.1	
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 2016 - 2017		

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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 2016 - 2017		
	Age 18+ - CY 2016 - 2017	48.1	

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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 2016		

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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 2017		

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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 2017		

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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 2016 - 2017	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 2016 - 2017	82.8	

[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 2016 - 2017	83.3	

[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 for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2016	12/31/2016
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2016	12/31/2016
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2016	12/31/2016
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2016	12/31/2016
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	10/21/2016	9/30/2018

General Questions Regarding Prevention NOMS Reporting

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 Web Infrastructure for Treatment Services (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 the 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/Indian/Alaskan Native, Unknown/Other.

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Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**29442**
0-4	1369
5-11	1375
12-14	1386
15-17	1470
18-20	3914
21-24	3916
25-44	3963
45-64	4019
65 and over	6747
Age Not Known	1283
B. Gender	**29442**
Male	13828
Female	14541
Gender Not Known	1073
C. Race	**29442**
White	27346
Black or African American	264
Native Hawaiian/Other Pacific Islander	0
Asian	131
American Indian/Alaska Native	133
More Than One Race (not OMB required)	0

Race Not Known or Other (not OMB required)	1568
D. Ethnicity	**29442**
Hispanic or Latino	363
Not Hispanic or Latino	27827
Ethnicity Unknown	1252

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Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies?Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**978576**
0-4	29852
5-11	59141
12-14	63511
15-17	75835
18-20	106182
21-24	104684
25-44	140996
45-64	133086
65 and over	117096
Age Not Known	148193
B. Gender	**978576**
Male	412511
Female	434270
Gender Not Known	131795
C. Race	**978576**
White	596200
Black or African American	168424
Native Hawaiian/Other Pacific Islander	6872
Asian	13836
American Indian/Alaska Native	2982
More Than One Race (not OMB required)	5386

Race Not Known or Other (not OMB required)	184876
D. Ethnicity	**978576**
Hispanic or Latino	49445
Not Hispanic or Latino	773650
Ethnicity Unknown	155481

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Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - 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	29442	N/A
2. Universal Indirect	N/A	978576
3. Selective		N/A
4. Indicated		N/A
5. Total	**29442**	**978576**

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Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type 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.

Thirteen Regional Prevention Providers were funded for the duration of the grant period. 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 number of programs and strategies were entered into the system by the providers. The Arkansas Prevention WITS data reporting system.

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	127	2006	2133	0	1	2134
2. Total number of Programs and Strategies Funded	369	2109	2478	76	6	2560
3. Percent of Evidence-Based Programs and Strategies	34.42 %	95.12 %	86.08 %	0.00 %	16.67 %	83.36 %

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Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION 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 # 81	$ 44035.36
Universal Indirect	Total # 3660	$ 946024.54
Selective	Total # 0	$ 0.00
Indicated	Total # 0	$ 0.00
Unspecified	Total # 3741	$ 990059.90
	Total EBPs: 7482	Total Dollars Spent: $1980119.80

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Prevention Attachments

Submission Uploads

FFY 2020 Prevention Attachment Category A:

File	Version	Date Added

FFY 2020 Prevention Attachment Category B:

File	Version	Date Added

FFY 2020 Prevention Attachment Category C:

File	Version	Date Added

FFY 2020 Prevention Attachment Category D:

File	Version	Date Added

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