

ARKANSAS

State SSA Director

Joe M. Hill, Director

Office of Alcohol and Drug Abuse Prevention

Division of Behavioral Health Services

Arkansas Department of Health and Human Services

4313 West Markham Street

Third Floor Administration

Little Rock, AR 72205

Phone: (501) 686-9866

Fax: (501) 686-9035

E-mail: joe.hill@arkansas.gov

Web site: www.state.ar.us/dhs/dmhs

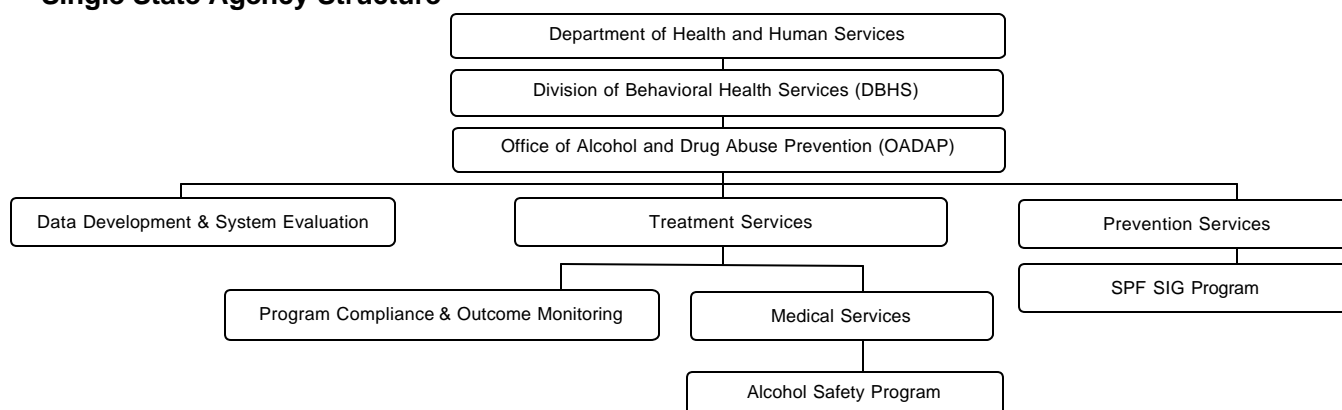
Structure and Function



The mission of the State of Arkansas, Department of Health and Human Services, Division of Behavioral Health Services (DBHS), Office of Alcohol and Drug Abuse Prevention (OADAP) is to help Arkansas citizens live productive lives free from the abuse of alcohol, tobacco, and other drugs. OADAP is the Single State Agency (SSA) for Arkansas and its responsibilities are to fund, license, coordinate, monitor, and provide technical assistance and programming in prevention, education, intervention, treatment, training, and public information related to substance abuse. OADAP comprises the following sections: Administration; Treatment Services Section, which includes the Program Compliance and the Drug and Alcohol Safety Educational Program and Medical Services; Prevention Services Section; Data Management Section; and the Strategic Prevention Framework State Incentive Grant (SPF SIG) Program.

OADAP's goals include the following: (1) to act as a strong advocate for comprehensive alcohol, tobacco, and other drug (ATOD) abuse education, intervention, prevention, and treatment services and to assure that these programs are identified and presented to lawmakers key decisionmakers; (2) to assure the provision of comprehensive treatment and prevention services to citizens who have an ATOD abuse problem or potential problems; (3) to assure that comprehensive services are tailored to the specific needs of individuals within each county and region of the State; (4) to assure that all services provided for the alcohol and drug abuser meet minimum standards required for quality care; (5) to distribute available resources in the most cost efficient and cost effective process available; (6) to coordinate with other entities to maximize utilization of resources and services; (7) to provide comprehensive educational and training resources that are responsive to the changing and diverse needs of ATOD abuse in Arkansas; and (8) to create and sustain a constituency of citizens to act as advocates for substance abuse issues.

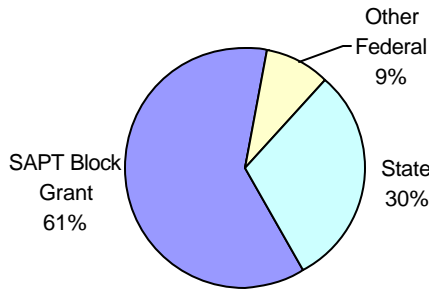
Single State Agency Structure



Single State Agency Funding Overview

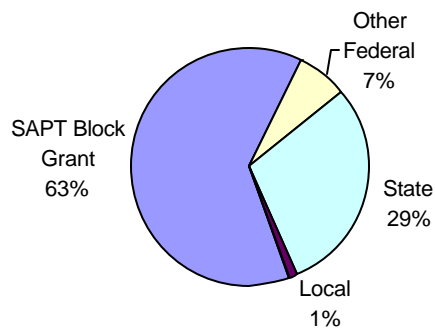
Between FYs 2000 and 2003, total SSA funding increased from \$18.4 to \$19.3 million. Most (63 percent) SSA funding in FY 2003 was provided by the Block Grant, 29 percent by the State, and 7 percent by other Federal sources. These proportions are similar to those in FYs 2000 through 2002.

FY 2000 Expenditures by Funding Source

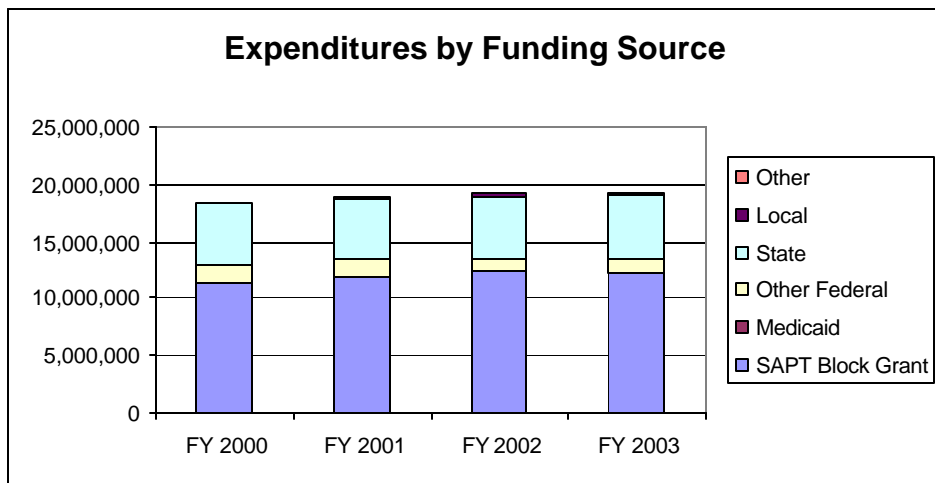


N=\$18,369,468

FY 2003 Expenditures by Funding Source



N=\$19,269,777



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	11,322,249	62	11,867,929	62	12,331,662	64	12,169,977	63
Medicaid	0	0	0	0	0	0	0	0
Other Federal	1,585,961	9	1,434,283	8	1,288,509	7	1,337,067	7
State	5,461,258	30	5,412,732	28	5,327,700	28	5,561,349	29
Local	0	0	282,754	1	333,610	2	201,384	1
Other	0	0	0	0	0	0	0	0
Total*	18,369,468	100	18,997,698	100	19,281,481	100	19,269,777	100

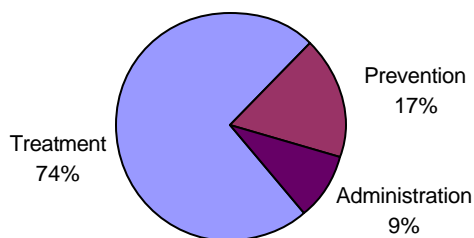
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

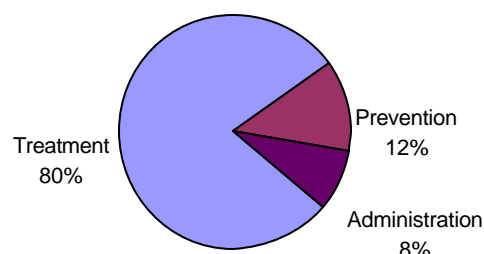
Between FYs 2000 and 2003, the proportion of total SSA funds spent on treatment increased (from 74 to 80 percent), while the proportion spent on prevention declined (from 17 to 12 percent), and the proportion spent on administration costs remained relatively stable (between 8 and 9 percent).

FY 2000 Expenditures by Activity

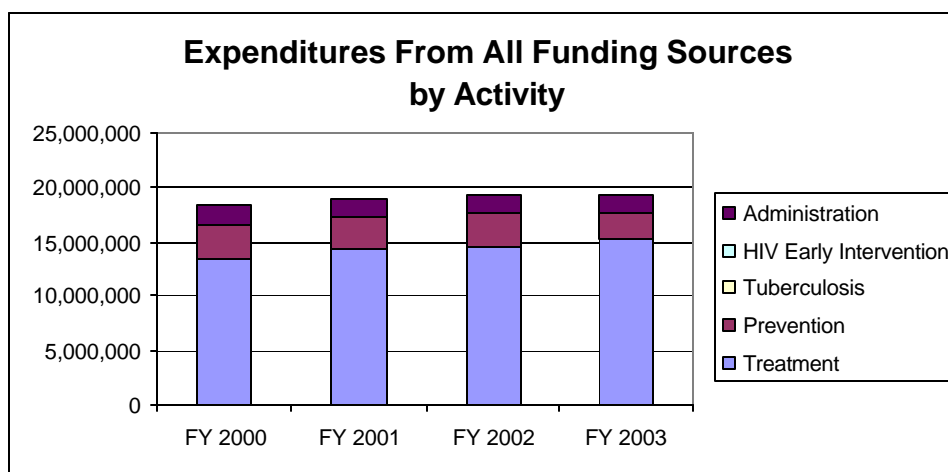


N=\$18,369,468

FY 2003 Expenditures by Activity



N=\$19,269,777



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	14,339,782	75	14,526,525	75	15,280,827	79
Alcohol Treatment	6,652,138	36	0	0				
Drug Treatment	6,894,852	38	0	0				
Prevention	3,108,946	17	3,002,378	16	3,240,669	17	2,406,920	12
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,713,532	9	1,655,538	9	1,514,287	8	1,582,030	8
Total*	18,369,468	100	18,997,698	100	19,281,481	100	19,269,777	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

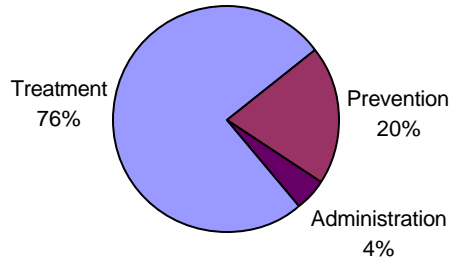
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

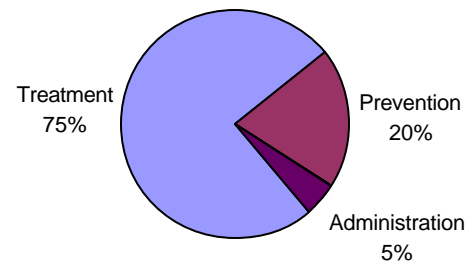
Between FYs 2000 and 2003, Block Grant funds in the State increased from \$11.3 to \$12.2 million. During that time period the allocation of funds remained relatively stable with most (75 to 77 percent) going toward treatment services, 19 to 20 percent toward prevention, and 4 to 5 percent toward administration costs.

FY 2000 Block Grant Expenditures by Activity

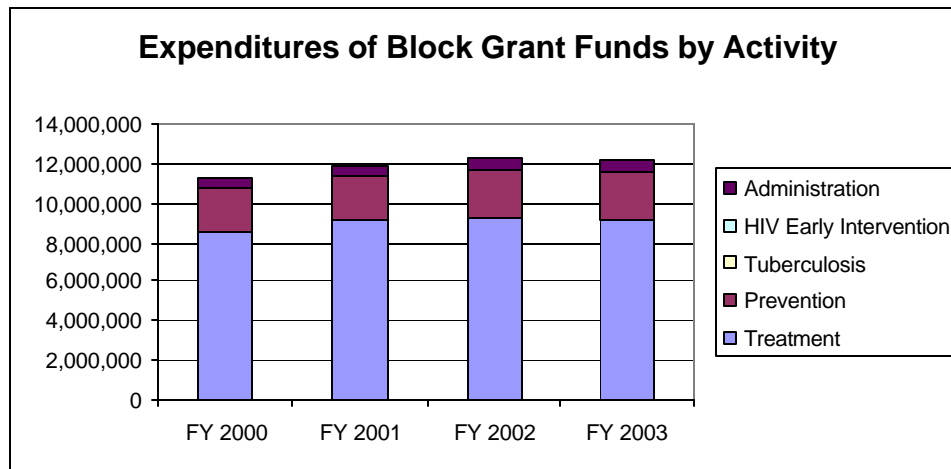


N=\$11,322,249

FY 2003 Block Grant Expenditures by Activity



N=\$12,169,977



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	9,145,761	77	9,248,747	75	9,192,448	76
Alcohol Treatment	4,158,048	37	0	0				
Drug Treatment	4,400,761	39	0	0				
Prevention	2,254,167	20	2,243,910	19	2,466,332	20	2,406,920	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	509,273	4	478,258	4	616,583	5	570,609	5
Total*	11,322,249	100	11,867,929	100	12,331,662	100	12,169,977	100

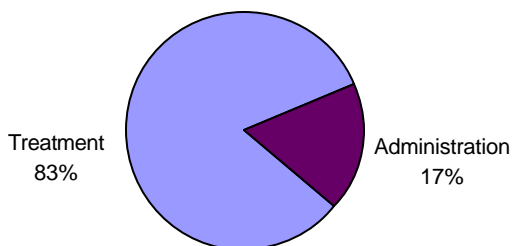
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

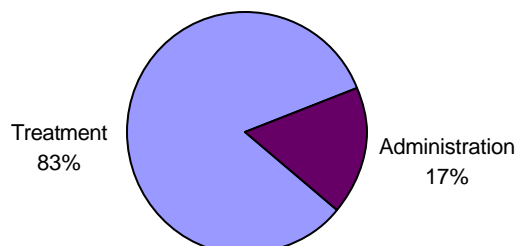
State expenditures for alcohol and drug abuse services remained relatively stable between FYs 2000 and 2003, ranging from \$5.3 to \$5.6 million. The allocation of funds also remained stable during that time period, with most (83 percent in FY 2003) going toward treatment services and 17 percent toward administration costs.

FY 2000 State Expenditures by Activity

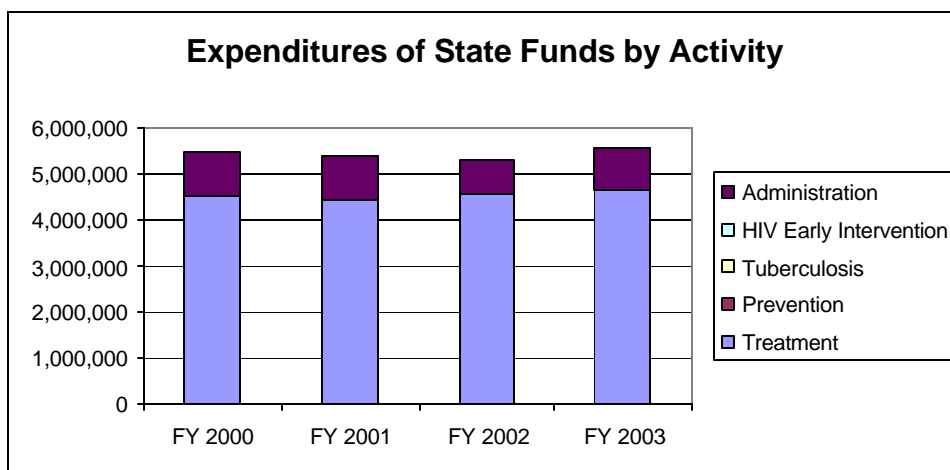


N=\$5,461,258

FY 2003 State Expenditures by Activity



N=\$5,561,349



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	4,458,664	82	4,555,962	86	4,641,505	83
Alcohol Treatment	2,261,701	41	0	0				
Drug Treatment	2,261,702	41	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	937,855	17	954,068	18	771,738	14	919,844	17
Total*	5,461,258	100	5,412,732	100	5,327,700	100	5,561,349	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

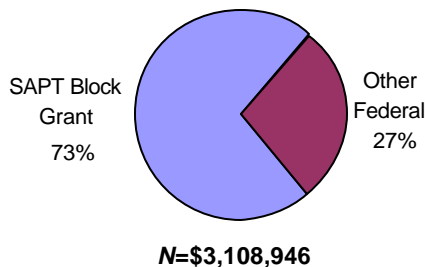
OADAP funds community-based prevention programs to address substance abuse prevention programming at the local level. OADAP supports prevention services statewide through thirteen (13) Prevention Resource Centers (PRCs). The PRCs are responsible for representing ATOD prevention-related issues/needs/concerns to and within their assigned counties and for participating in appropriate efforts of the various prevention-related networks within their designated region. Establishing and maintaining good working relationships is an on-going effort for the PRC. The PRCs are responsible for providing services related to the six primary prevention strategies of Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Processes, and Environmental strategies.

Prevention Funding and Expenditures

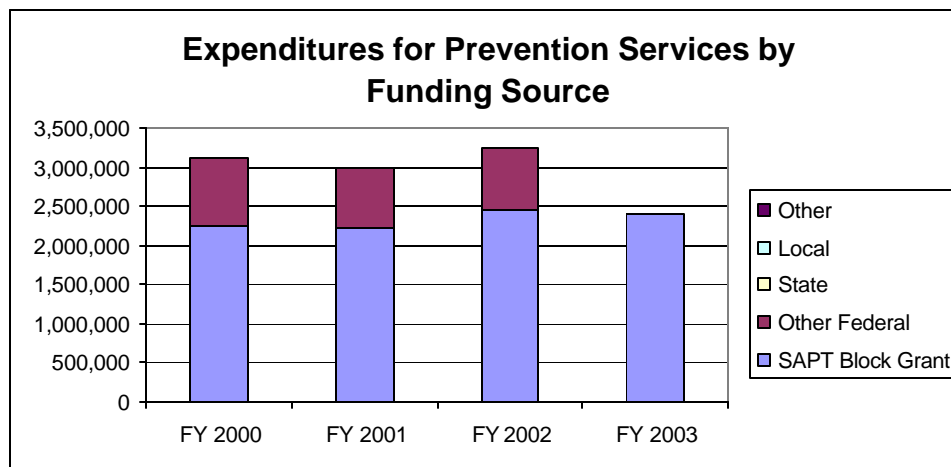
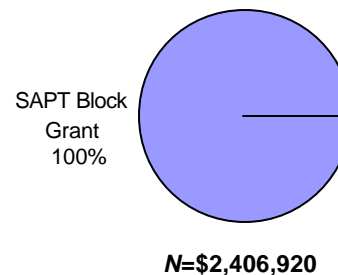
Between FYs 2000 and 2003, prevention funding declined from \$3.1 to \$2.4 million. During that time period, the source of the funds changed dramatically. In FY 2003 all prevention funds were derived from the Block Grant, whereas in FY 2000 only 73 percent came from the Block Grant and 27 percent came from other Federal sources.

Block Grant funding per capita for prevention services remained fairly stable from FY 2000 to FY 2003, and increased slightly. In FY 2000, Block Grant expenditures were \$0.84 per capita and in FY 2003, expenditures were \$0.88 per capita.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,254,167	73	2,243,910	75	2,466,332	76	2,406,920	100
Other Federal	854,779	27	758,468	25	774,337	24	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	3,108,946	100	3,002,378	100	3,240,669	100	2,406,920	100

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

* Totals may not equal 100 percent due to rounding.

Core Strategies

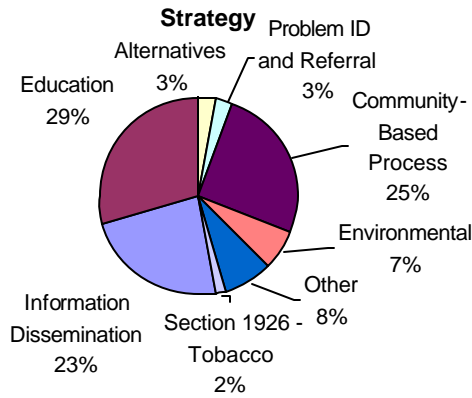
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Information dissemination is conducted via a library, clearinghouse, presentations, newspaper ads, and health fairs, booths at conferences/workshops, and State or national awareness campaigns.
Education	Strategies include the Mid-South Summer School, Prevention Institute, and Teacher Training.
Alternatives	Alternative efforts include community service opportunities, athletic and recreational activities, cultural events/celebrations, retreats, and field trips.
Community-Based Processes	Processes include community volunteer training, action planning for community decisionmakers, leadership/mobilization training, teacher training, interagency collaboration, coalition building, networking, and task force development.
Environmental	Activities center on changing attitudes and norms within the community, including assistance to communities and coalitions in promoting smoke-free restaurants, monitoring the enforcement of laws relative to the sale of alcohol and tobacco to minors and providing alcohol, tobacco education for retailers, and provide opportunities for individual college and university campuses.
Problem Identification and Referral	OADAP developed and updated a resource directory of available services within each region and delivered the Drugs Don't Work Program.

Expenditures of Block Grant Funds for Core Strategies

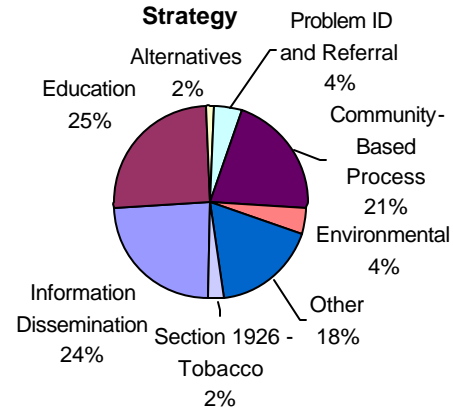
Block Grant funding for prevention core strategies increased slightly between FYs 2000 and 2003 from \$2.3 to \$2.7 million. During that time period these funds were spread across various types of activities, including educational strategies, information dissemination strategies, and community-based processes.

FY 2000 Block Grant Expenditures by Core Strategy

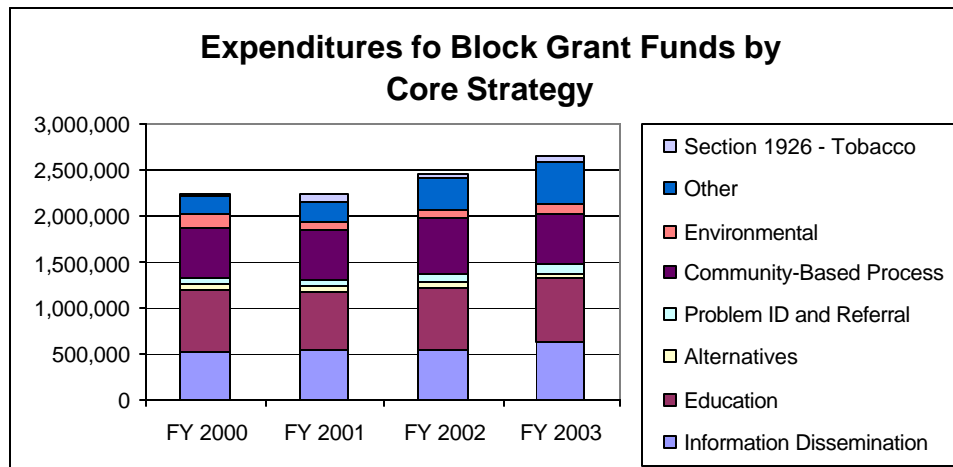


N=\$2,254,167

FY 2003 Block Grant Expenditures by Core Strategy



N=\$2,655,801



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	524,559	23	548,713	24	540,908	22	630,385	24
Education	668,120	30	619,638	28	677,665	27	679,815	26
Alternatives	64,751	3	51,619	2	48,830	2	48,751	2
Problem ID and Referral	62,621	3	70,104	3	93,180	4	106,045	4
Community-Based Process	564,940	25	556,572	25	620,221	25	557,331	21
Environmental	149,327	7	94,343	4	83,727	3	106,045	4
Other	184,225	8	215,317	10	344,400	14	466,832	18
Section 1926 - Tobacco	35,624	2	87,604	4	57,401	2	60,597	2
Total*	2,254,167	100	2,243,910	100	2,466,332	100	2,655,801	100

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

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

SAPT Block Grant funds are allocated to local public or non-profit private entities for the provision of priority services including outpatient care, residential care, and subordinate or supportive services and early intervention services. State funds are used to purchase a portion of these services as well as the purchase of medical detoxification. Detoxification services are provided locally through OADAP contracted providers who contract with local hospitals when needed to provide inpatient detoxification services. In addition, OADAP funds statewide specialty programs for injection drug users (IDUs) and pregnant and parenting women. OADAP funds one IDU clinic in conjunction with the University of Arkansas for Medical Sciences. This program provides a comprehensive program of treatment services utilizing prescription methadone as an adjunct to treatment. OADAP funds seven special women’s services programs which provide unique services for pregnant women and women with children. The OADAP administers a contract with the city of Little Rock to provide treatment services for specific populations.

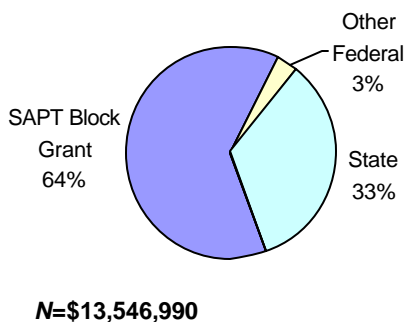
Responsibilities of the Division of Treatment Services include (1) serving as the State methadone authority; (2) allocating treatment funding; (3) developing new programs and protocols, including Regional Alcohol and Drug Detoxification (RADD), dually diagnosed, and involuntary commitments; and (4) coordinating services between DBHS and OADAP providers for dually diagnosed individuals in need of substance abuse services; and (5) licensing authority for all drug and alcohol treatment programs in the State.

Treatment Funding and Expenditures

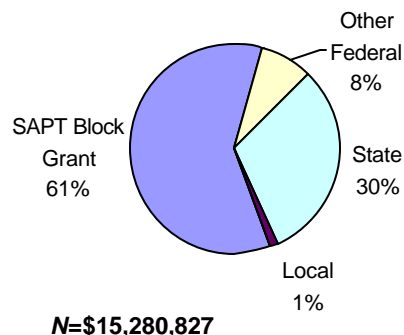
Treatment funds in Arkansas increased between FYs 2000 and 2003 (from \$13.6 to \$15.3 million). During this time period, the Block Grant provided 61 to 64 percent of treatment funds, the State provided approximately one third, and other Federal funds accounted for 3 to 8 percent.

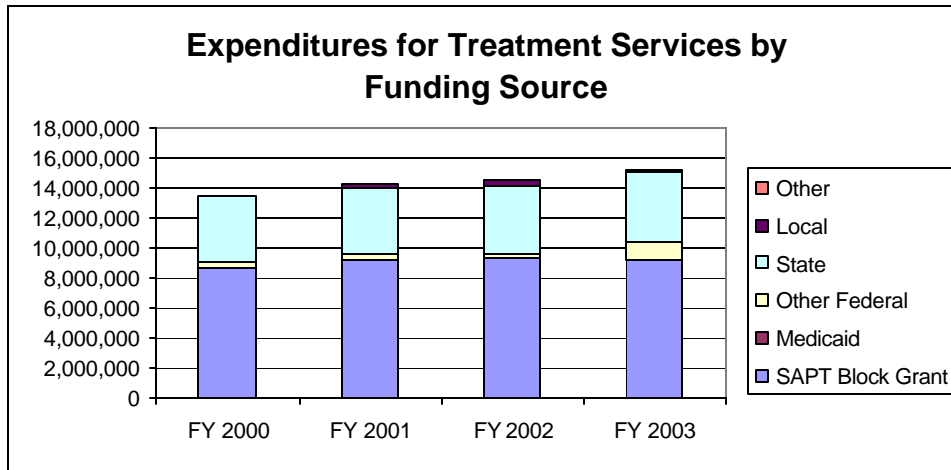
Block Grant treatment expenditures per capita ranged from \$3.20 in FY 2000 to \$3.42 in FY 2002. In FY 2003, Block Grant expenditures for treatment services were \$3.37 per capita.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	8,558,809	64	9,145,761	64	9,248,747	64	9,192,448	61
Medicaid	0	0	0	0	0	0	0	0
Other Federal	464,778	3	452,603	3	388,206	3	1,245,490	8
State	4,523,403	33	4,458,664	31	4,555,962	31	4,641,505	30
Local	0	0	282,754	2	333,610	2	201,384	1
Other	0	0	0	0	0	0	0	0
Total*	13,546,990	100	14,339,782	100	14,526,525	100	15,280,827	100

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

* Totals may not equal 100 percent due to rounding.

Admissions

Arkansas's SAPT Block Grant application indicates that nearly 15,000 persons were admitted to treatment during FY 2002, of which most were admitted for short-term residential or outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=14,922)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	1,076	1,048	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	2,012	5,285	0
Long-term residential	22	162	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	180	0
Outpatient (non-methadone)	1,934	2,949	0
Intensive outpatient	69	185	0
Detoxification (outpatient)	0	0	0
Total	5,113	9,809	0

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

Treatment Episode Data System (TEDS) data indicate nearly 14,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 23 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary substantially when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,912	20.7
Alcohol in combination with other drugs	10,884	23.3
Total	13,796	22.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 163,000 persons aged 12 and older (7.3 percent of Arkansas's population) needed, but did not receive, treatment for alcohol use, and 60,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in Arkansas.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.33	6.08	17.14	5.76
Needing but not receiving treatment for illicit drug use	2.67	4.75	7.51	1.52

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

Resource Development Activities

Planning and Needs Assessment

OADAP conducts a treatment needs assessment project, helping CSAT achieve one of its outcome measurements for the GPRA project. OADAP will utilize data from the treatment needs assessment project to aid in future planning activities. OADAP conducts the annual Arkansas Prevention Needs Assessment Student Survey using the Communities That Cares instrument. Confidential reports will be provided to the participating school buildings/districts, and public reports compiling data at the county, region, and State levels will be developed and posted on the OADAP Web page. OADAP collects approximately 46 archival data indicators for each of Arkansas' 75 counties and make this information available to communities through the PRC's clearinghouses. This data are provided via printed material, the Web, and a CD-Rom.

Evaluation

Evaluation activities for prevention services are conducted in a variety of ways. A Statement of Work is negotiated and established to determine the expected performance of each contract or grant. OADAP assigns a project officer, who becomes the contact person for activities carried out through the contract, to oversee each contract of grant. Quarterly progress reports are required for prevention grants and submitted to the project officer.

Two data sources are used by OADAP Prevention Section to evaluate the overall progress of the State. These sources are the Arkansas Prevention Needs Assessment Student Survey, conducted annually, and archival risk factor data that captures data from other State agencies that is relevant to substance abuse prevention.

OADAP evaluates its funded treatment programs using the following methods: all alcohol and drug treatment programs are required to enter admission, treatment and discharge data regarding the client treatment episode into the Alcohol and Drug Management Information System, funded programs are required to submit waiting list information, programs are licensed by OADAP, DBHS, conducts yearly sight audits of funded programs, the OADAP auditor conducts periodic service to billing audits of funded programs, funded programs must submit a Continuing Application Package report annually, and program audits must be submitted annually.

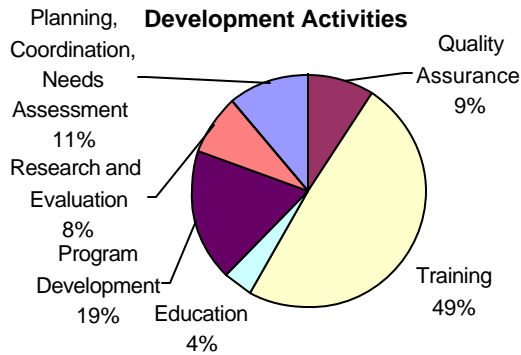
Training and Assistance

The OADAP uses approximately 3 percent of the funds available under the Block Grant for alcohol and drug services to provide training for direct care providers, teachers, criminal justice system personnel, primary care providers, and parents in alcohol and drug abuse information and skill development.

Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities increased over time from \$422,000 in FY 2000 to \$790,000 in FY 2003. The distribution of these funds changed during this time period, with a greater proportion going towards planning, coordination, and needs assessment in FY 2003.

FY 2000 Block Grant Expenditures on Resource Development Activities

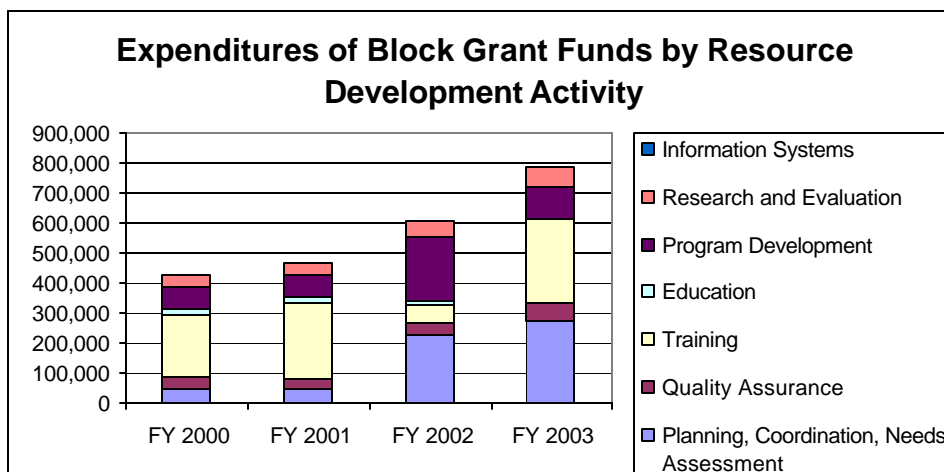


N=\$421,952

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$789,762



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	46,685	11	45,210	10	222,232	36	274,126	35
Quality Assurance	39,957	9	35,871	8	45,583	7	59,423	8
Training	205,010	49	252,484	55	56,416	9	281,076	36
Education	16,115	4	15,765	3	15,795	3	1,500	0
Program Development	78,562	19	76,852	17	214,543	35	102,108	13
Research and Evaluation	35,623	8	34,458	7	57,401	9	71,529	9
Information Systems	0	0	0	0	0	0	0	0
Total*	421,952	100	460,640	100	611,970	100	789,762	100

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

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

In FY 2004 Arkansas received six Center for Substance Abuse Prevention (CSAP) discretionary grants (all for drug-free communities) totaling \$597,000.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Drug Free Communities	6	597,836
Total	6	597,836

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Arkansas received \$1.3 million in Center for Substance Abuse Treatment (CSAT) discretionary grants in FY 2004: one for effective adolescent treatment and one for the treatment of persons with co-occurring disorders.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount
Effective Adolescent Treatment	1	243,884
Treatment of Persons with Co-Occurring Substance Related and Mental Disorders	1	1,100,000
Total	2	1,343,884

SOURCE: www.samhsa.gov