

## ARKANSAS

### Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems. The SSA in Arkansas is the Office of Alcohol and Drug Abuse Prevention (OADAP), within the Department of Human Services.

### Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help states address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services and there are no state funds for this program area. Arkansas' SAPT Block Grant allocation in FY 2008 was \$13,288,892, which represented approximately 67% of the SSA's total budget for substance abuse treatment and prevention.

**SAPT Block Grant Yields Results:** Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. In all, OADAP licenses 49 alcohol and other drug programs in the State, including 13 regional detoxification centers, 14 residential/outpatient treatment centers, and 3 residential adolescent treatment programs. Arkansas reported the following client outcomes for persons completing services in publicly funded programs in State Fiscal Year 2008:

- 80.3 percent of persons receiving treatment were abstinent from alcohol use at discharge verses only 54 percent being abstinent at admission.
- 81.4 percent were abstinent from illicit drug use at discharge versus 46.6 percent being abstinent at admission.
- 97.5 percent of person discharged from treatment programs were arrest free, which shows that almost all clients leaving treatment facilities are staying out of the criminal justice system during their time of treatment.
- Approximately 50 percent were employed at discharge. This is an increase of 9 percent from the 41 percent employed at admission.

### *Pregnant and Parenting Women*

Arkansas provides Specialized Women's Services (SWS) which refers to a residential center that provides comprehensive substance use disorder services to pregnant women, and women with dependent children. There are 7 programs Statewide. In SFY 2008, these programs served 150 women and their children. The Specialized Women's Services programs includes transportation, medical treatment, education, job skills, parenting skills, aftercare, family education/support and case management.

### *Prevention Services*

The twenty percent prevention set-aside of the SAPT Block Grant represented approximately 47 percent of the State agency's substance abuse prevention funds in SFY 2008 and helped to serve 77,310 people in the same year. In all, OADAP prevention services are funded through 27 grants to local programs, communities and other organizations to provide prevention services. In addition, OADAP funds 13 Regional Prevention Resource Centers focused on capacity development of communities to do prevention.

### Arkansas Quick Facts

#### Treatment Admissions

➤ 18,875 persons served in SFY 2008

#### ➤ Primary substance of abuse at admissions:

Alcohol	39%
Marijuana	18%
Other drugs	15%
Cocaine/Crack	13%
Methamphetamine	12%
Amphetamines	4%

#### ➤ Race/Ethnicity:

White	79%
Native American	18%
Hispanic	2%
Other/Multi-race	1%

#### ➤ Age at Admission:

17 and Under	5%
18 to 24	21%
25 to 34	31%
35 to 44	24%
45 to 64	19%

#### ➤ Gender:

Male	67%
Female	33%

#### Treatment Gap

➤ According to the National Survey on Drug Use and Health (NSDUH), 270,000 people in Arkansas needed treatment in 2006. Yet only 16,000 or 6% of those persons needing treatment were ever admitted in 2006.

## National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

## **National Outcome Measures (NOMs)**

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

### **Accountability**

The State Substance Abuse Agency has developed a number of tools to assist in planning, implementation, oversight and evaluation of the Statewide system of services.

- *The Arkansas Alcohol and Drug Abuse Coordinating Council:* The Council is Governor-appointed panel of 27 members that meets on a monthly basis. The Council oversees planning, budgeting and implementation of expenditure of funds for alcohol and other drug prevention, education and treatment; provides input and approval on provider grants and contracts; and maintains and establishes relevant committees.
- *Annual Planning Process:* OADAP develops State and sub-State plans for prevention and treatment services for thirteen catchment areas. These plans involve special emphasis directed toward certain target populations (for example, women, youth, IV drug users, and others). The Arkansas Prevention Needs Assessment (APNA), which is conducted annually, provides information from school districts to help plan prevention services. OADAP also utilizes a public hearing process or structured comment process in order to solicit input on the SAPT State Plan.

### **Other Tools to Ensure Results**

- *Use of Contracts to Ensure Quality:* All providers funded by the SAPT Block Grant must be licensed and adhere to performance based contracting. Specifically, all contractors must provide services in accordance with program deliverables and performance indicators. Prevention providers are selected by competitive grant acquisition processes and grantees are consistently monitored by project officers. Finally, it is important to note that the agency recently created the Subcommittee on Performance-based contracting in order to review and strengthen the current approach to ensuring accountability and performance.
- *Oversight of Grantee and Contract Provider:* Each grantee and contract provider must submit, on a yearly basis, a Continuing Application Packet (CAP) that includes a performance summary for the year. The CAP is reviewed by the State. In addition, each grantee and contractor must appear before the State's Treatment and Prevention Committee to orally defend the merits of the CAP. The contents of the CAP and interview determine future funding. In addition to the CAP process, OADAP meets with all funded treatment providers on a quarterly basis.
- *Removing State Funds from Underperforming Programs:* OADAP utilizes site visits, corrective action plans, technical assistance and more to help providers improve performance. If repeated efforts fail, the State maintains a policy of de-funding programs with the approval of the Coordinating Council. Over the last 5 years, OADAP pulled funding from underperforming providers 5 times.

### **Economics of Addiction**

According to International Institute for Alcohol Awareness (IAA), underage drinking alone costs Arkansas \$687 on an annual basis (based on 2005 data). Some of these costs are associated with the following consequences of underage and childhood drinking: youth traffic violence (\$338.6 million); youth traffic crashes (\$206.4 million); youth property crime (\$31.5 million); Fetal Alcohol Syndrome Disorders (FASD) (\$12.3 million); alcohol treatment services for youth (\$11 million); and more. Yet Arkansas only spent \$22 million on prevention services in the year the data were examined – most of this funding coming from federal sources.



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