



ARKANSAS STRATEGIC PREVENTION PLAN

SFY 2019-2023

Strategic Five Year Plan



A special thank you to the members of the Strategic Prevention Planning Committee for research, developing report narrative, editing and proofreading on this updated strategic prevention plan. Your contributions are greatly appreciated.

OFFICE OF THE STATE DRUG DIRECTOR

This Five-Year Arkansas Strategic Prevention Plan has been designed to help ensure Arkansans are healthy, safe, and able to enjoy a high quality of life free from substance misuse and is based on the knowledge that a continuum of care, beginning with prevention, is needed to effectively address the needs of individuals, families and



communities affected by substance abuse and addiction. Guided by the shared principles of collaboration, community responsiveness and cultural competence, and informed by the proven effectiveness of prevention services, the plan sets forth a five-year guide to strengthen prevention efforts within and across communities and create more opportunities for early intervention.

The Arkansas Drug Director executes a mandate to serve as the coordinator for development of an organizational framework to ensure that alcohol and drug programs and policies are well planned and coordinated.

In service to that duty, the Arkansas Drug Director looks forward to working with the many local, state, and federal stakeholders who contributed to the development of this plan and to ensuring the effective implementation of their recommendations. This office remains committed to building on this foundation, improving our efforts, and further reducing the negative impacts of substance misuse on the lives of Arkansans.

Pictured above, Arkansas State Drug director, Kirk Lane

ARKANSAS DEPARTMENT OF HUMAN SERVICES

DIVISION OF AGING, ADULT AND BEHAVIORAL HEALTH SERVICES

VISION

Arkansas citizens are healthy, safe, and enjoy a high quality of life

MISSION

The Division of Behavioral Health Services provides leadership and devotes its resources to facilitate effective prevention, quality treatment, and meaningful recovery

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INTRODUCTION

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH: PREVENTION WORKS!

This document is an update to two previous prevention plans - the Arkansas 2010 Prevention Plan and Prevention for a Healthy Arkansas: Strategic Plan for Five Years (2012). The document was developed with funding from the Substance Abuse Block Grant (SABG) from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP). Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Health Services (DAABHS) is the Single State Agency (SSA) designated to oversee the administration of the Substance Abuse Prevention and Treatment (SAPT) Block Grant in Arkansas. The Arkansas Alcohol and Drug Abuse Coordinating Council give final approval of the Arkansas Strategic Prevention Plan.

Arkansas's DAABHS promotes activities that improve the quality of behavioral health practices and services and strives to increase opportunities to maintain wellness for all Arkansans. It is one of the Divisions within the Arkansas Department of Human Services. DAABHS administers, oversees, and coordinates the State's behavioral health system to address the prevention and treatment of mental health, substance abuse, and problem gambling disorders.

DAABHS provides funding and contract management to the University of Arkansas Little Rock/MidSOUTH Center for Prevention and Training, who in-turn subcontracts with a variety of providers to ensure substance abuse prevention services are available to Arkansas citizens. For the purpose of seamless services delivery and reporting, the state is divided into thirteen (13) Prevention Regions. Each Region has a Regional Prevention Provider (RPP), staffed by Regional Prevention Representatives (RPRs), that offers training and technical assistance to community partners regarding prevention needs and solutions. MidSOUTH also subcontracts with other local, statewide, and out of state contractors to provide prevention services.

Arkansas's Five Year Strategic Prevention Plan will support DAABHS's overarching strategic goals and will focus statewide prevention efforts on a selection of data driven prioritized set of indicators, with results of activities that can be measured over time to demonstrate the success of state initiatives. These priorities are aligned with those of the Substance Abuse Block Grant (SABG). The plan will guide prevention prioritization, decision-making, and policy development at the state, region, and community level. DAABHS/MidSOUTH will collaborate with regional and community partners to enhance current capacity and plan for and develop newer systems and infrastructures to meet with current and emerging changes in substance abuse prevention service delivery. This work will strengthen, expand, and sustain systems and infrastructure at all levels.

DAABHS/MidSOUTH recognizes that substance abuse is a pervasive and complex social and public health issue that affects individuals of all ages; defies social, cultural, or economic categorization; and spans organizational boundaries. Accordingly, no single agency, organization, or individual can effectively prevent or reduce substance abuse, but rather that effective prevention requires a targeted, coordinated and multi-disciplinary response.



Under the auspices of the Coordinating Council, DAABHS/MidSOUTH will work with agencies and organizations across the state with a stake in substance abuse prevention to enhance prevention capacity and ensure broad participation in prevention activities.

The Arkansas Strategic Prevention Plan describes a public health approach that will guide state agencies, schools, community organizations, coalitions, networks, and families in working together to prevent not only children, but all age groups, from engaging in problem behaviors including substance abuse. The planning committee used the expertise and knowledge from multiple agencies and organizations as a foundation to work toward a more cohesive and collaborative system that coordinates and maximizes resources to fill gaps in services and address unmet needs.

The state partners who came together to develop this Arkansas Strategic Prevention Plan acknowledge the challenges associated with developing, implementing, and maintaining such a plan. Such challenges include competing agendas, priorities, perspectives, limited state resources, and interagency fragmentation of prevention services.

The partners also recognize that the Arkansas Strategic Prevention Plan provides a unique opportunity to advance prevention and coordinate prevention funds and resources. Long-term change will be realized by pursuit of a shared vision and common goals and objectives that improve the well-being of the state's citizens, rather than directly modifying structures and budgets.

There is also a recognition that the state partners may not be able to unanimously subscribe to each strategy proposed for the Arkansas Strategic Prevention Plan. However, the partners are unanimously committed to working within their respective agencies and with other partners to put forth and implement the elements of the Arkansas Strategic Prevention Plan.

This plan was created from a process that included the following:

- An assessment of Arkansas' substance abuse prevention needs from available data, and providers' recommendations;
- Several meetings by Strategic Planning Committee comprised of individuals from University of Arkansas Little Rock/MidSOUTH Center for Prevention and Training; Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Health Services (DAABHS); and the Arkansas Drug Director's Office, and other behavioral health agencies. See a complete list of committee members in appendix iii;
- Examination of the recommendations made by a federal expert team that conducted the most recent system review of Arkansas' prevention program.



WHAT IS PREVENTION

Prevention is the promotion of constructive lifestyles and norms that discourage alcohol, tobacco and other drug (ATOD) abuse. It is a proactive process designed to empower individuals and communities to meet the challenges of life events and transitions throughout the lifespan by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

Prevention requires multiple processes that involve people in a proactive effort to protect, enhance, and restore the health and well-being of individuals and their communities. It is based on the understanding that there are factors that vary among individuals, age groups, ethnic groups, and risk-level groups and geographic areas.

Prevention is part of a broader health promotion effort, based on the knowledge that addiction is a primary, progressive, chronic, and fatal disease. As such, it focuses on creating population level changes, within the cultural context, in order to reduce risks and strengthen ability to cope with adversity. Hence, comprehensive prevention efforts should be designed to target many agencies and systems, and use multiple strategies in order to have the broadest possible impact.

PROMOTE

PREVENT

PROTECT

RISK AND PROTECTIVE FACTORS

Many of the problem behaviors faced by youth – delinquency, substance abuse, violence, school dropout, and teen pregnancy – share many common risk factors. Thus, reducing those common risk factors will have the benefit of reducing several problem behaviors.



Much of Arkansas' prevention work is based on the risk and protective factor approach to prevention of problem behaviors developed from the work of Drs. J. David Hawkins and Richard F. Catalano and their colleagues at the University of Washington. This approach addresses risk and protective factors that exist in multiple contexts:

Individual Context: Individuals come to the table with biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health problems. Individual-level risk factors include genetic predisposition to addiction or exposure to alcohol prenatally; protective factors might include positive self-image, self-control, or social competence.

But individuals don't exist in isolation. They are part of families, part of communities, and part of society. A variety of risk and protective factors exist within each of these contexts. For example:

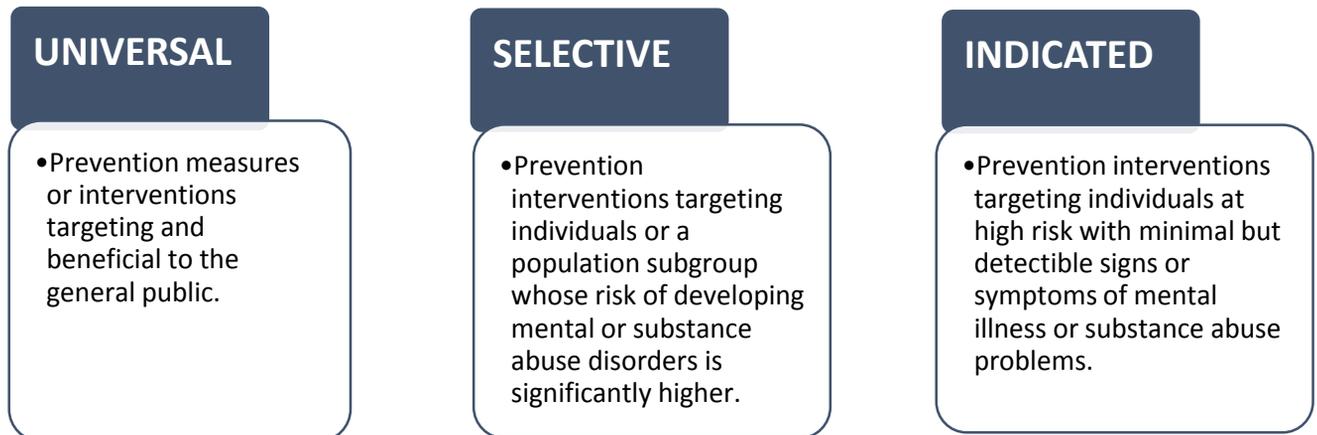
Family Context: In families, risk factors include parents who use drugs and alcohol or who suffer from mental illness, child abuse and maltreatment, and inadequate supervision; a protective factor would be parental involvement

Community Context: In communities, risk factors include neighborhood poverty and violence; protective factors might include the availability of faith-based resources and after-school activities

Societal Context: In society, risk factors can include norms and laws favorable to substance use, as well as racism and a lack of economic opportunity; protective factors include policies limiting availability of substances or anti-hate laws defending marginalized populations, such as lesbian, gay, bisexual, or transgender youth. Practitioners must look across these contexts to address the constellation of factors that influence both individuals and populations: targeting just one context is unlikely to do the trick. For example, a strong school policy forbidding alcohol use on school grounds will likely have little impact on underage drinking in a community where parents accept underage drinking as a rite of passage or where alcohol vendors are willing to sell to young adults. A more effective—and comprehensive—approach might include a school policy plus education for parents on the dangers of underage drinking, or a city ordinance that requires alcohol sellers to participate in responsible server training.

PREVENTION CATEGORIES

The overall goal for prevention is the development of healthy, responsible and productive citizens. To meet this goal, tailored prevention services must be made available through a variety of providers and strategies that target diverse groups (Institute of Medicine). Prevention efforts designed for specific populations are:



UNIVERSAL: These interventions are targeted and are beneficial to the general public or a general population.

Two subcategories further define universal interventions:

- **Universal Indirect** provides information to a whole population who has not been identified as at risk of having or developing problems. Interventions include media activities, community policy development, posters, pamphlets, and internet activities. Interventions in this category are commonly referred to as environmental strategies.
- **Universal Direct** interventions target a group within the general public who has not been identified as having an increased risk for behavioral health issues and share a common connection to an identifiable group. Interventions include health education for all students, after school programming, staff training, parenting classes, and community workshops.

SELECTIVE: This category of prevention interventions targets individuals or a population subgroup whose risk of developing mental or substance abuse disorders is significantly higher than average.

Examples of selective interventions include:

- Group counseling.
- Social/emotional skills training for youth in low-income housing developments.

INDICATED: These interventions target individuals at high risk who have minimal but detectable signs or symptoms of mental illness or substance abuse problems (prior to a DSM IV diagnosis¹).

Examples include:

- Programs for high school students who are experiencing problem behaviors such as truancy, failing academic grades, juvenile depression, suicidal ideation, and early signs of substance abuse.

STRATEGIC PREVENTION FRAMEWORK

The Arkansas Strategic Prevention Plan is designed around elements that are part of a major prevention initiative of the federal Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).

The Strategic Prevention Framework (SPF) implements a five-step process known to promote youth development, reduce risk-taking behaviors, and prevent problem behaviors across the life span. It is designed to build on science-based theories and evidence-based practices. To be effective, the SPF supports that prevention programs must engage individuals, families, and entire communities to achieve population level change.



The SPF is also designed to include cultural competency and sustainability. All of these elements will guide state and local organizations to establish partnerships and implement systems to coordinate prevention resources.

These elements comprise a strong and viable state prevention system and include:

- **Assessment** – Determines needs, resources and causes of community issues.
- **Capacity** – Development of skills and knowledge for community members to address issues.
- **Planning** – Determines the best practices, strategies and action plans to be used to address issues.
- **Implementation** – The actual work done to address the issue.
- **Evaluation** – Reviews the process of implementation and determines if goals were met.

CENTER FOR SUBSTANCE ABUSE PREVENTION'S STRATEGIES

The Center for Substance Abuse Prevention's (CSAP) six strategies:

Information Dissemination: This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two. *Examples: clearinghouse/information resource centers, media campaigns, speaking engagements, and health fairs.*

Education: This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress and problem-solving, and interpersonal communication. Organizational infrastructure, planning, and evaluation skills are part of capacity development education. There is more interaction between facilitators and participants than in the information strategy. *Examples: Coalition training and peer leader/helper programs.*

Alternatives: This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities and to discourage the use of alcohol and other drugs. *Examples: Recreation activities, drug-free dances and parties, and community service activities.*

Problem Identification and Referral: This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity to determine if a person is in need of treatment. *Examples: Employee Assistance programs, student assistance programs, and DWI/DUI education programs.*

Community-based Process: This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses grassroots empowerment models using action planning and collaborative systems planning. *Examples: Community teambuilding, multi-agency coordination and collaboration, and accessing services and funding.*

Environmental: This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population. *Examples: Modifying alcohol and tobacco advertising practices, product pricing strategies, and promoting the establishment of review of alcohol, tobacco, and drug use policies.*

GUIDING PRINCIPLES FOR PREVENTION

- 1. Prevention is prevention is prevention!!!** That is, the common components of effective prevention for the individual, family, or community within a public health model are the same – whether the focus is on preventing or reducing the effects of cancer, cardiovascular disease, diabetes, substance abuse or mental illness.
2. Prevention is an ordered set of steps along a continuum to promote individual, family, and community health, and community health, prevent mental and behavioral disorders, support resilience and recovery, and prevent relapse. Prevention activities range from deterring diseases and behaviors that contribute to them, to delaying the onset of disease and mitigating the severity of symptoms, to reducing the related problems in communities. This concept is based on the Institute of Medicine (IOM) model that recognizes the importance of a whole spectrum of interventions.
3. Cultural competence and inclusiveness in working with populations of diverse cultures and identities is necessary to provide effective substance abuse prevention programming.
4. Resilience is built by developing assets in individuals, families, and communities through evidence-based health promotion and prevention strategies. For example, youth who have relationships with caring adults, good schools, and safe communities develop optimism, good-problem-solving skills, and other assets that enable them to rebound from adversity and go on with life with a sense of mastery, competence, and hope.
5. Prevention begins within communities by helping individuals learn that they can have an impact on solving their local problems and setting local norms. Prevention emphasizes collaboration and cooperation, both to conserve limited resources and to build on existing relationships within the community. Community groups are routinely used to explore new, creative ways to use existing resources. All sectors of the community, especially parents and youth, are needed in successful prevention work. Members of the education, law enforcement, public health and health care communities are critical partners in substance abuse prevention efforts.
6. The Spectrum of Prevention is a broad framework that includes seven strategies designed to address complex and significant public health problems. These include a) influencing policy and legislation, b) mobilizing neighborhoods and communities, c) fostering coalitions and networks, d) changing organizational practices, e) educating providers, f) promoting community education, and g) strengthening individual knowledge and skills.

GUIDING PRINCIPLES FOR PREVENTION

7. Common risk and protective factors exist for many substance abuse and mental health problems. Good prevention focuses on those common risk factors that can be altered. For example, family conflict, low levels of basic school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. Risk and protective factors exist in individual, the family, the community and the broader environment.

8. Systems of prevention services work better than prevention silos. Working together, researchers and communities have produced a number of highly effective prevention strategies and programs. Implementing these strategies within a broader system of services increases the likelihood of successful, sustained prevention activities. Collaborative partnership enables communities to leverage scarce resources and make prevention everybody's business. Prevention efforts are more likely to succeed if partnerships with communities and practitioners focus on building capacity to plan, implement, monitor, evaluate, and sustain effective prevention.

9. Substance abuse prevention shares many elements of commonality with other related fields of prevention. Collaboration and cross training across the prevention field is needed to maximize resources (both human and material).

10. Prevention specialists need a set of core competencies and a commitment to lifelong learning to stay current with the rapidly evolving knowledge and skill base in the field.

11. Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and effectiveness of prevention efforts. A strategic prevention framework can facilitate community identification of needs and risk factors, adopt assessment tools to measure and track results, and target outcomes to be achieved. A data-driven strategic approach maximizes the chances for future success and achieving positive outcomes.

12. Evaluation is crucial in order for communities to identify their successful efforts and to modify or abandon their unproductive efforts.

GOALS AND OBJECTIVES



Implementation of prevention activities to achieve the goals and objectives of this plan will be guided by the CSAP strategies, Institute of Medicine's (IOM) prevention categories and prevention principles. All aspects of implementation will follow the Strategic Prevention Framework.

Goals and objectives serve to ensure that strategies and activities selected for implementation will meet the needs identified during the assessment and capacity building phase of a planning effort. Most of the goals set for the 2012 Strategic Prevention Plan were either met or mostly met (see List of 2012 goals and progress in appendix i and ii).

The overall goal of this plan is to provide primary substance prevention providers and other behavioral health stakeholders with skills to reduce risk factors and increase protective factors on a range of substance use behaviors and to provide a roadmap on enhancing prevention infrastructure at local and state levels.

The indicators to be measured are:

- Past 30-day usage: This is a measure of the current use of substances among middle and high school students.
- Lifetime use: This indicator measures usage of a substance at least once in the student's lifetime, and is the best measure of youth experimentation with alcohol, tobacco and other drugs.
- Perception of risk: Increased perception of risk is a protective factor that measures likelihood of not using a substance. Likewise, decreased perception of risk increases the likelihood of usage.
- Past 2-weeks binge drinking: This measures excessive alcohol consumption.

MidSOUTH will be responsible for implementing and evaluating these measures with oversight from DAABHS. MidSOUTH will collaborate with regional prevention providers, prevention contractors, community coalitions and other prevention stakeholders to meet the identified goals and objectives of this plan.

The following goals and objectives have been identified for the SFY 2019 to SFY 2023 Strategic Prevention Plan.

GOAL 1: Support implementation of prevention programs and strategies that increase perception of risk and decrease alcohol use, binge drinking, marijuana and prescription drug use by Arkansans.

OBJECTIVE 1.1: Lower the reported 30 day alcohol usage rate among middle and high school students according to the Arkansas Prevention Needs Assessment from 11.1% in 2016 to 9.1% by 2021.

Year	2002	2011	2012	2013	2014	2015	2016	2017	2019	2021
Rate (%)	27.3	16.3	14	12.6	13	12	11.1	11	10	9.1

Table 1/Exhibit 1: Archival, past five years, current and forecasted 30 day alcohol usage rate among middle and high school students in Arkansas

30 Day Alcohol Use Rate Among Middle and High School Students in Arkansas



STRATEGIES

1. Disseminate Information through speaking engagements, brochures, newsletters, media campaigns/radio/TV public service announcements, health fairs, and social media on how alcohol effects the body and brain development of youth.
2. Increase knowledge and skills by educating youth/parents on alcohol risks using evidence based substance abuse prevention curriculum, peer leadership programs, and parenting/family management classes.
3. Offer community alternative activities such as: drug free dances and parties, youth/adult leadership activities, community drop-in centers, and community service activities.
4. Provide prevention training to physical education (PE), counselors and health teachers who are primarily responsible for substance abuse prevention in classrooms.
5. Promote the establishment or review of alcohol use policies in schools, increase the perception of harm, and enforce community alcohol policies. *Example: Social Host laws.*
6. Partner with community coalitions, policy makers, and other stakeholders to change community norms towards alcohol usage.
7. 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.
8. Identify youth who have indulged in illegal/age-inappropriate use of alcohol (indicated population) in order to assess if their behavior can be changed through educational avenues.
9. Partner with law enforcement and local policy makers to enforce social host law to reduce hosting underage drinking parties in their communities.

ACTION TIMEFRAME

SFY 2019	SFY 2020	SFY 2021	SFY 2022
Disseminate Information.	Disseminate Information.	Disseminate Information.	Disseminate Information.
Provide prevention training to PE and health teacher.	Provide prevention training to PE and health teachers.	Partner with local policy makers and law enforcement to enforce host law.	Partner with local policy makers and law enforcement to enforce host law.
Partner with community coalitions, policy makers, and other stakeholders to change community norms towards alcohol usage.	Partner with local policy makers and law enforcement to enforce host law Increase knowledge and skills by educating youth/parents on alcohol risks using evidence based curriculum.	Increase knowledge and skills by educating youth/parents on alcohol risks using evidence based curriculum.	Increase knowledge and skills by educating youth/parents on alcohol risks using evidence based curriculum.
Increase knowledge and skills by educating youth/parents on alcohol risks using evidence based curriculum.			

GOAL 1: Support implementation of prevention programs and strategies that increase perception of risk and decrease alcohol use, binge drinking, marijuana and prescription drug use by Arkansans.

OBJECTIVE 1.2a: Lower the reported 30 day cigarette usage rate from 5.6% in 2016 to 4.6% in 2021 among middle and high school students according to the Arkansas Prevention Needs Assessment.

Year	2002	2011	2012	2013	2014	2015	2016	2017	2019	2021
Rate (%)	16.6	8.8	8.6	7.6	7.3	6.0	5.6	5.4	5	4.6

Table2/Exhibit 2: Archival, past five years, current and forecasted 30 day cigarette usage rate among middle and high school students in Arkansas

30 Day Cigarette Use Rate Among Middle and High School Students in Arkansas



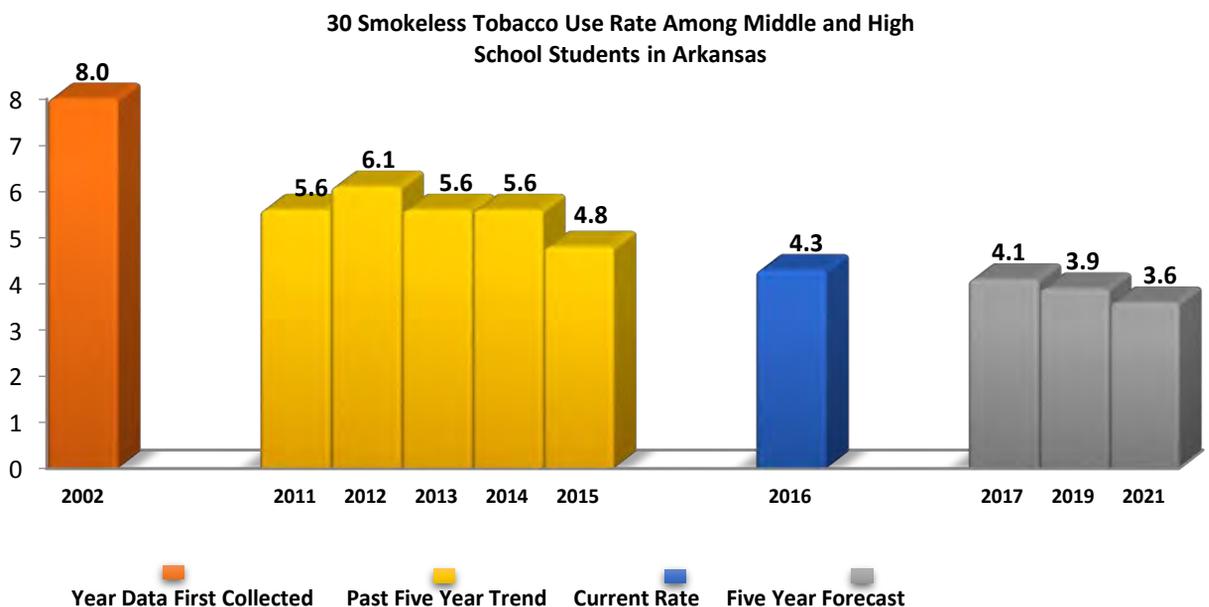
Source: Arkansas Prevention Needs Assessment (APNA) Survey. (<https://arkansas.pridesurveys.com/>)

GOAL 1: Support implementation of prevention programs and strategies that increase perception of risk and decrease alcohol use, binge drinking, marijuana and prescription drug use by Arkansans.

OBJECTIVE 1.2b: Lower the reported 30 day smokeless tobacco usage rate from 4.3% in 2016 to 3.6% by 2021 among middle and high school students according to the Arkansas Prevention Needs Assessment.

Year	2002	2011	2012	2013	2014	2015	2016	2017	2019	2021
Rate (%)	8.0	5.6	6.1	5.6	5.6	4.8	4.3	4.1	3.9	3.6

Table: Table3/Exhibit 3: Archival, past five years, current and forecasted 30 day smokeless tobacco usage rate among middle and high school students in Arkansas



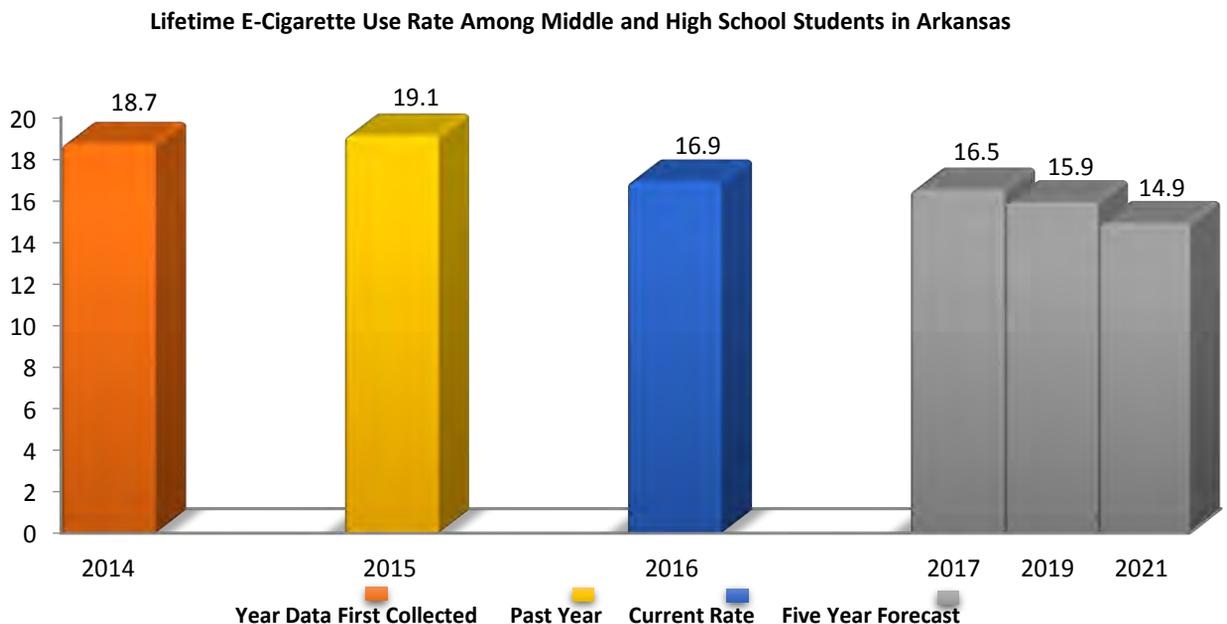
Source: Arkansas Prevention Needs Assessment (APNA) Survey. (<https://arkansas.pridesurveys.com/>)

GOAL 1: Support implementation of prevention programs and strategies that increase perception of risk and decrease alcohol use, binge drinking, marijuana and prescription drug use by Arkansans.

OBJECTIVE 1.2c: Lower the lifetime e-cigarette usage rate from 16.9% in 2016 to 14.9% in 2021 among middle and high school students according to the Arkansas Prevention Needs Assessment.

Year	2014	2015	2016	2017	2019	2021
Rate (%)	18.7	19.1	16.9	16.5	15.9	14.9

Table 4/Exhibit 4: Archival, past five years, current and forecasted lifetime e-cigarette usage rate among middle and high school students in Arkansas



Source: Arkansas Prevention Needs Assessment (APNA) Survey. (<https://arkansas.pridesurveys.com/>)

STRATEGIES

1. Disseminate information through speaking engagements, brochures, newsletters, media campaigns/radio/TV public service announcements, health fairs, and social media on how tobacco/nicotine containing products affect the body and brain development of youth.
2. Increase knowledge and skills by educating youth/parents on tobacco/nicotine harms using evidence based substance abuse prevention curriculum, peer leadership programs, and parenting/family management classes.
3. Provide prevention training to school counselors, PE and health teachers who are primarily responsible for substance abuse prevention in classrooms.
4. Partner with community coalitions, policy makers, law enforcement and other stakeholders to change community norms towards nicotine and tobacco usage. *Example: promote tobacco free parks and workplaces and enforce laws against smoking in cars with young children present (ACT 811).*
5. Enhance coordination with Arkansas Department of Health Tobacco Prevention and Cessation Program, Arkansas Tobacco Control, Arkansas Chapter of American Lung Association, American Cancer Society, and other tobacco prevention stakeholders to provide tobacco prevention services in the communities through coordinated trainings.
6. Increase opportunities for youth to acquire prevention knowledge and skills so that they will become recognized as leaders and advocates for themselves and their peers.
7. Based on the Annual Synar Report, increase tobacco prevention efforts and resources to areas with higher tobacco retailer violation rates (RVRs).

ACTION TIMEFRAME

SFY 2019	SFY 2020	SFY 2021	SFY 2022
Disseminate tobacco prevention Information.	Disseminate tobacco prevention Information.	Disseminate tobacco prevention Information.	Disseminate tobacco prevention Information.
Provide prevention training to counselors PE and health teacher.	Provide prevention training to counselors PE and health teacher.	Provide prevention training to counselors PE and health teacher.	Provide prevention training to counselors PE and health teacher.
Increase knowledge and skills by educating youth/parents on tobacco harms using evidence based substance abuse prevention curriculum.	Increase knowledge and skills by educating youth/parents on tobacco harms using evidence based substance abuse prevention curriculum.	Increase knowledge and skills by educating youth/parents on tobacco harms using evidence based substance abuse prevention curriculum.	Increase knowledge and skills by educating youth/parents on tobacco harms using evidence based substance abuse prevention curriculum.
Establish MOU's with ADH Tobacco Prevention and Cessation Program to provide tobacco prevention services in the communities through coordinated trainings.	Develop MOU with Arkansas Tobacco Control to leverage resources through coordination tobacco merchant trainings.		

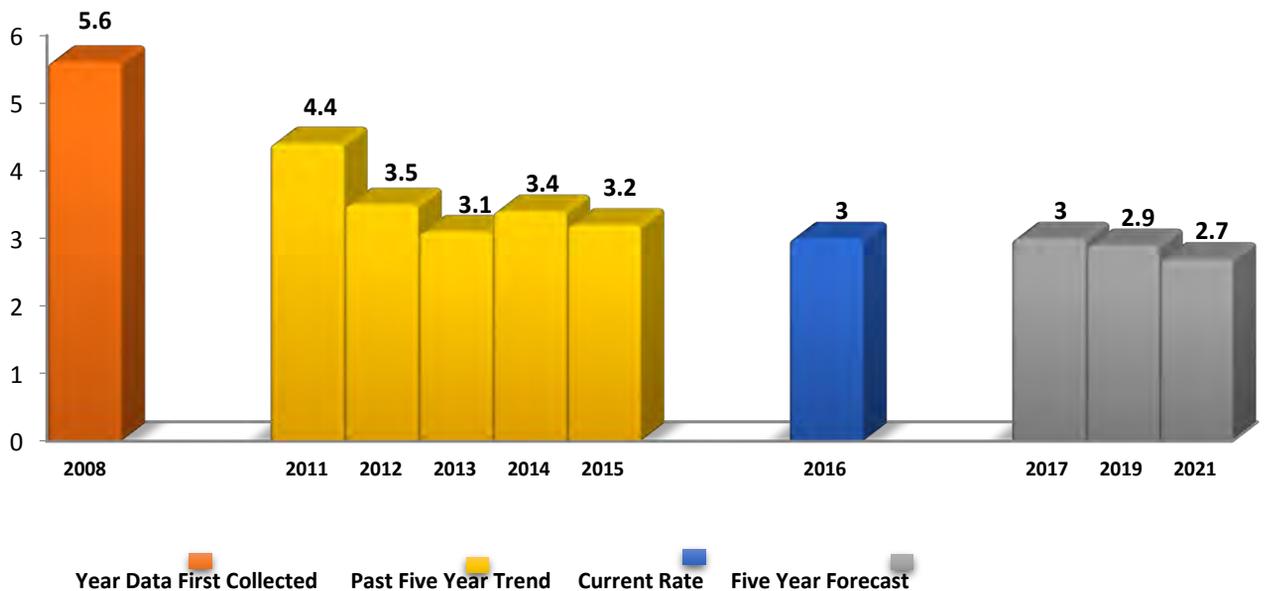
GOAL 1: Support implementation of prevention programs and strategies that increase perception of risk and decrease alcohol use, binge drinking, marijuana and prescription drug use by Arkansans.

OBJECTIVE 1.3: Lower the reported 30 day rate for misuse of prescription drugs according to the Arkansas Prevention Needs Assessment from 3.0% in 2016 to 2.7% by 2021.

Year	2008	2011	2012	2013	2014	2015	2016	2017	2019	2021
Rate (%)	5.6	4.4	3.5	3.1	3.4	3.2	3	3	2.9	2.7

Table: Table 5/Exhibit 5: Archival, past five years, current and forecasted 30 day prescription drug usage rate among middle and high school students in Arkansas

30 Day Prescription Drug Use Rate Among Middle and High School Students in Arkansas



STRATEGIES

1. Continue efforts by State Drug Director's office, Division of Aging, Adult, and Behavioral Health Services, Drug Enforcement Agency, Arkansas Health Department and law enforcement to raise community awareness through Monitor, Secure and Dispose campaign.
2. DAABHS/MidSOUTH will collaborate with Criminal Justice Institute to provide prevention and safe prescribers training to physicians and other healthcare providers for a greater understanding of the science of addiction and prescription drug issues related to over prescribing.
3. Partner with Criminal Justice Institute to provide training on Naloxone to all first responders, school resource officers, and other community stakeholders.
4. Provide prevention training to counselors, PE and health teachers who are primarily responsible for substance abuse prevention in classrooms.
5. Continue efforts to promote drug take back days and medicine drop boxes to reduce access to prescription drugs.
6. Encourage enforcement of prescription drug monitoring programs to reduce the overprescribing of medication and doctor shopping.
7. Expand the use and analysis of data of the Arkansas Prescription Monitoring Program (PMP).
8. Improve public health programs on prescribing i.e., how to speak to your provider, by using the MedHandBook.
9. Support research, prescriber education, and public education for non-opioid methods of pain treatments or alternative prescribing.

ACTION TIMEFRAME

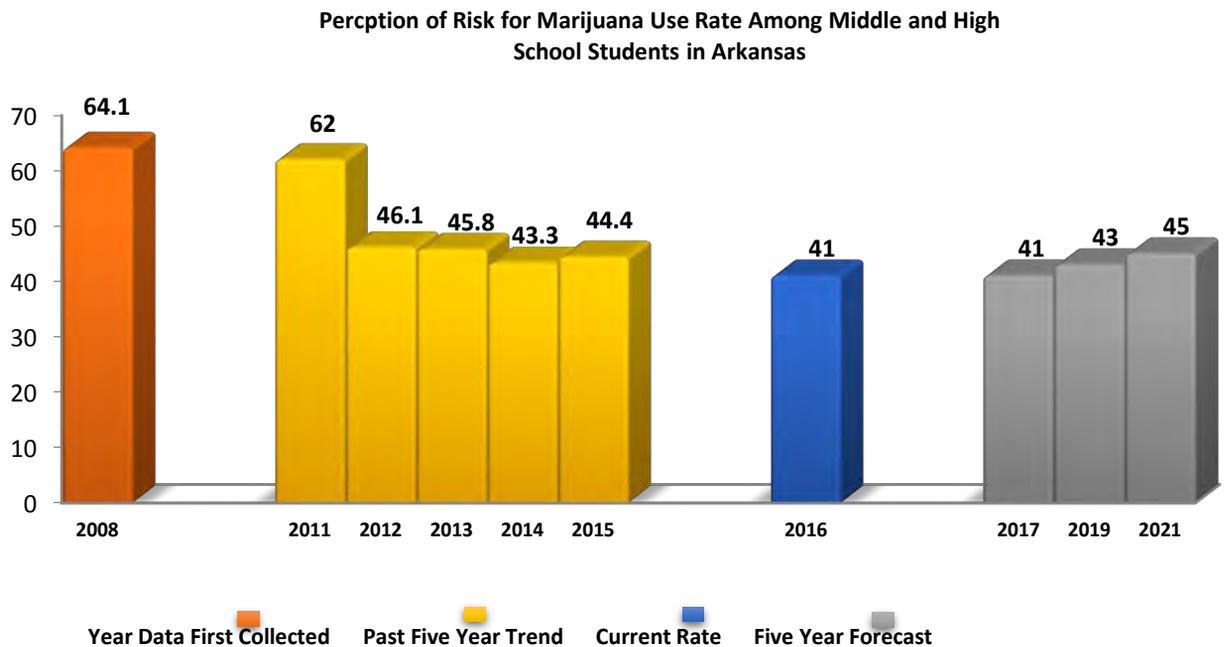
SFY 2019	SFY 2020	SFY 2021	SFY 2022
Disseminate opioid abuse prevention Information.	Disseminate opioid abuse prevention Information.	Disseminate opioid abuse prevention Information.	Disseminate opioid abuse prevention Information.
Provide opioid abuse prevention training through MidSOUTH training academy.	Provide opioid abuse prevention training through MidSOUTH training academy.	Provide opioid abuse prevention training through MidSOUTH training academy.	Provide opioid abuse prevention training through MidSOUTH training academy.
Partner with Criminal Justice Institute to provide prescribers training.	Partner with Criminal Justice Institute to provide prescribers training.	Continue efforts to promote drug take back.	Continue efforts to promote drug take back.
Continue efforts to promote drug take back.	Continue efforts to promote drug take back.		
Coordinate with ADH to encourage prescribers use of prescription drug monitoring programs	Coordinate with ADH to encourage prescribers use of prescription drug monitoring programs		

GOAL 1: Support implementation of prevention programs and strategies that increase perception of risk and decrease alcohol use, binge drinking, marijuana and prescription drug use by Arkansans.

OBJECTIVE 1.4: Increase the reported perception of risk for marijuana use among Arkansas youth from 41% in 2016 to 45% by 2021 according to the Arkansas Prevention Needs Assessment.

Year	2002	2011	2012	2013	2014	2015	2016	2017	2019	2021
Rate (%)	64.1	62	46.1	45.8	43.3	44.4	41	41	43	45

Table 6/Exhibit 6: Archival, past five years, current and forecasted perception of risk for marijuana rate among middle and high school students in Arkansas



STRATEGIES

1. Disseminate Information through speaking engagements, brochures, newsletters, media campaigns/radio/TV public service announcements, health fairs, and social media on how marijuana effects the body and brain development of youth.
2. Increase knowledge and skills by educating communities on marijuana risks using evidence based substance abuse prevention curriculum, peer leadership programs, and parenting/family management classes.
3. Offer community alternative activities such as: drug free dances and parties, youth/adult leadership activities, community drop-in centers, and community service activities.
4. Provide prevention training to school counselors, PE and health teachers who are primarily responsible for substance abuse prevention in classrooms.
5. Promote the establishment or review of marijuana use policies in communities, increase the perception of harm, and enforce community marijuana policies. *Example: Dispensary and grower-free zones.*
6. DAABHS/MidSOUTH will partner with community coalitions, policy makers, and other stakeholders to change community norms towards marijuana usage.
7. Increase opportunities for youth to acquire prevention knowledge and skills so that they will become recognized as leaders and advocates for themselves and their peers.

ACTION TIMEFRAME

SFY 2019	SFY 2020	SFY 2021	SFY 2022
Disseminate opioid abuse prevention Information.	Disseminate opioid abuse prevention Information.	Disseminate opioid abuse prevention Information.	Disseminate opioid abuse prevention Information.
Increase knowledge and skills by educating communities on marijuana risks through trainings.	Increase knowledge and skills by educating communities on marijuana risks through trainings.	Increase knowledge and skills by educating communities on marijuana risks through trainings.	Increase knowledge and skills by educating communities on marijuana risks through trainings.
	Partner with community coalitions, policy makers, and other stakeholders to change community norms towards marijuana usage.	Partner with community coalitions, policy makers, and other stakeholders to change community norms towards marijuana usage.	Partner with community coalitions, policy makers, and other stakeholders to change community norms towards marijuana usage.

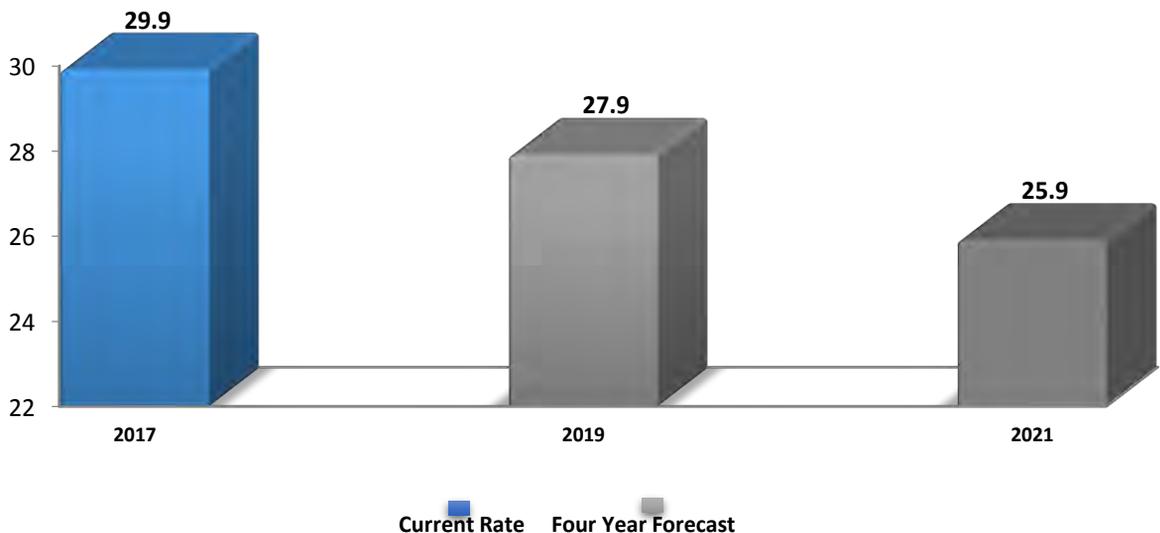
GOAL 1: Support implementation of prevention programs and strategies that increase perception of risk and decrease alcohol use, binge drinking, marijuana and prescription drug use by Arkansans.

OBJECTIVE 1.5: Lower the reported past 2 week binge drinking rate according to the CORE survey from 29.9% in 2017 to 25.9% by 2021 among college students.

Year	2017	2019	2021
Rate (%)	29.9	27.9	25.9

Table 7/Exhibit 7: Current and forecasted 2 week binge drinking rate among college students in Arkansas

Two weeks Binge drinking Rate Among College Students in Arkansas



Source: CORE survey is available online at <http://core.siu.edu/>.

STRATEGIES

1. DAABHS/MidSOUTH will partner with community coalitions, policy makers, law enforcement and other stakeholders to change community norms and to enforce Social Host laws on college/university campuses.
2. Encourage collaborative efforts to increase number of colleges/universities that administer the CORE Survey.
3. Increase percentage of students participating in the CORE Survey.
4. Research prevention curriculum to be used statewide for incoming students on the awareness of the harmful effects of underage drinking and heavy drinking.
5. Encourage the establishment of collegiate recovery and prevention programs.
6. Promote student led wellness programs on college campuses.

ACTION TIMEFRAME

SFY 2019	SFY 2020	SFY 2021	SFY 2022
<p>Renew ACDEC contract.</p> <p>Expand ACDEC program by recruiting more schools.</p> <p>Promote student led wellness programs on college campuses.</p> <p>Collaborate with ACDEC to provide prevention trainings to college students.</p>	<p>Expand ACDEC program by recruiting more schools.</p> <p>Promote student led wellness programs on college campuses.</p> <p>Collaborate with ACDEC to provide prevention trainings to college students.</p>	<p>Promote student led wellness programs on college campuses.</p> <p>Collaborate with ACDEC to provide prevention trainings to college students.</p> <p>Partner with ACDEC and school policy makers to implement Social Host laws on university campuses.</p>	<p>Promote student led wellness programs on college campuses.</p> <p>Collaborate with ACDEC to provide prevention trainings to college students.</p> <p>Partner with ACDEC and school policy makers to enforce Social Host laws on university campuses.</p>

GOAL 2: Reduce the Opioid Overdose Death Rates in Arkansas.

OBJECTIVE 2.1: Lower the rate of intentional overdose deaths from drugs reported by the Henry J. Kaiser Family Foundation from 5.9% in 2016 to 4.9% by 2021.

Year	1999	2011	2012	2013	2014	2015	2016	2017	2019	2021
Rate (%)	1.1	6.2	6	5.6	6.3	7.2	5.9	5.9	5.6	4.9

Table 8/Exhibit 8: Archival, past five years, current and forecasted Opioid Overdose Death Rates in Arkansas per 100,000 Population (Age-Adjusted)

Opioid Overdose Death Rates in Arkansas per 100,000 Population



Source: The Kaiser Family Foundation. <https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/>

STRATEGIES

1. DAABHS/MidSOUTH will collaborate with University of Arkansas Criminal Justice Institute (CJI) to train physicians and other health workers on prescribing practices.
2. DAABHS/MidSOUTH will collaborate with CJI to identify high risk communities and develop awareness campaigns on the dangers of opioid drug abuse.
3. DAABHS/MidSOUTH will collaborate with CJI on Prescription Drug Overdose (PDO) and State Targeted Response to the Opioid Crisis (STR) Grants which aims to address the opioid crisis.
4. DAABHS/MidSOUTH will collaborate with Arkansas Department of Health Injury and Violence Prevention section to provide training on bullying, mental health first aide and suicide prevention.
5. Collaborate with Arkansas Department of Health Injury and Violence Prevention section to provide training on suicide screenings to community providers and promote awareness of suicide as a preventable health issue by developing a better understanding of the relationship between self-harm and mental health and substance abuse issues.
6. DAABHS/MidSOUTH will collaborate with LGBTQ groups to develop a network of support providers focused on the LGBTQ population to enhance support network through consistent and strategic statewide services for LGBTQ concerns such as suicide and increased risk of substance abuse.
7. Encourage the establishment of collegiate recovery and prevention programs.

ACTION TIMEFRAME

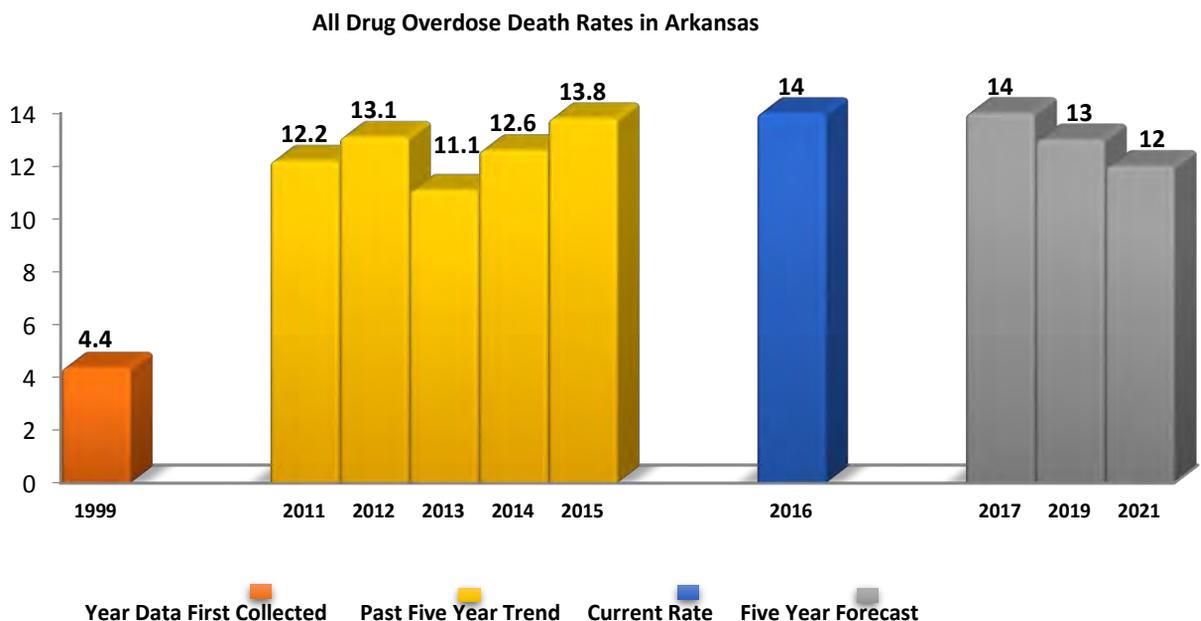
SFY 2019	SFY 2020	SFY 2021	SFY 2022
Establish MOU's with ADH Injury and Violence Prevention section to disseminate suicide prevention information and coordinate suicide prevention trainings.	Coordinate with ADH Injury and Violence Prevention section to disseminate suicide prevention information and coordinate bullying and suicide prevention trainings.	Coordinate with ADH Injury and Violence Prevention section to disseminate suicide prevention information and coordinate bullying and suicide prevention trainings.	Coordinate with ADH Injury and Violence Prevention section to disseminate suicide prevention information and coordinate bullying and suicide prevention trainings.
Collaborate with Criminal Justice Institute (CJI) to train physicians and other health workers on prescribing practices.	Collaborate with CJI to train physicians and other health workers on prescribing practices.	Collaborate with CJI to train physicians and other health workers on prescribing practices.	Collaborate with CJI to train physicians and other health workers on prescribing practices.
Collaborate with CJI to identify high risk communities for opioid drug abuse.	Collaborate with CJI to develop awareness campaigns on the dangers of opioid drug abuse.	Collaborate with CJI to develop awareness campaigns on the dangers of opioid drug abuse.	Coordinate with ADH Injury and Violent Prevention Section to administer LGBTQ and Veteran's surveys.
Include addiction and suicide prevention trainings to MidSOUTH CPT training schedules.	Coordinate with ADH Injury and Violent Prevention Section to develop LGBTQ and Veteran's surveys.	Coordinate with ADH Injury and Violent Prevention Section to administer LGBTQ and Veteran's surveys.	

GOAL 2: Reduce the Opioid Overdose Death Rates in Arkansas.

OBJECTIVE: 2.2: Lower the rate of all Drug Overdose Death Rates in Arkansas as reported by the Henry J. Kaiser Family Foundation from 14% in 2016 to 12% by 2021.

Year	1999	2011	2012	2013	2014	2015	2016	2017	2019	2021
Rate (%)	4.4	12.2	13.1	11.1	12.6	13.8	14	14	13	12

Table 8/Exhibit 8: Archival, past five years, current and forecasted *Opioid Overdose Death Rates* in Arkansas per 100,000 Population (Age-Adjusted)



Source: The Kaiser Family Foundation. <https://www.kff.org/other/state-indicator/opioid-overdose-death-rates/>

STRATEGIES

1. DAABHS/MidSOUTH will collaborate with Arkansas Department of Health Injury and Violence Prevention section to disseminate suicide prevention materials at trainings, schools, health fairs, in the communities etc.
2. DAABHS/MidSOUTH will collaborate with Arkansas Department of Health Injury and Violence Prevention section to provide training on suicide screenings to community providers and promote awareness of suicide as a preventable health issue by developing a better understanding the relationship between self-harm and mental health and substance abuse issues.
3. MidSOUTH will conduct trainings on bullying, mental health first aid and suicide prevention.
4. DAABHS/MidSOUTH will collaborate with Arkansas Department of Health Injury and Violence Prevention section to provide evidence-based trainings.
5. Develop Memorandum of Understanding between DAABHS/MidSOUTH and Injury and Violence Prevention section of Arkansas Department of Health.
6. Encourage Arkansas Collegiate Drug Education Committee (ACDEC) to establish collegiate recovery and prevention programs.

ACTION TIMEFRAME

SFY 2019	SFY 2020	SFY 2021	SFY 2022
<p>Establish MOU's between Arkansas Department of Health Injury and Violence Prevention section on collaborative efforts.</p> <p>Collaborate with ADH Injury and Violence Prevention section to provide training on suicide screenings to community providers and promote suicide awareness.</p> <p>Collaborate with ADH Injury and Violence Prevention section to disseminate suicide prevention materials</p>	<p>Coordinate with ADH Injury and Violence Prevention section to disseminate suicide prevention information and conduct trainings on bullying and suicide prevention.</p> <p>Collaborate with ADH Injury and Violence Prevention section to disseminate suicide prevention materials.</p>	<p>Coordinate with ADH Injury and Violence Prevention section to disseminate suicide prevention information and coordinate bullying and suicide prevention trainings.</p> <p>Collaborate with ADH Injury and Violence Prevention section to disseminate suicide prevention materials.</p> <p>Collaborate with ACDEC to establish collegiate recovery and prevention programs.</p>	<p>Coordinate with ADH Injury and Violence Prevention section to disseminate suicide prevention information and coordinate bullying and suicide prevention trainings.</p> <p>Collaborate with ADH Injury and Violence Prevention section to disseminate suicide prevention materials</p> <p>Collaborate with ACDEC to establish collegiate recovery and prevention programs.</p>

GOAL 3: Strengthen and enhance Arkansas Prevention Infrastructure and leadership to manage, lead and sustain effective substance abuse prevention and behavioral health promotion programs and strategies.

OBJECTIVE 3.1: Enhance prevention infrastructure to systematically support Regional Prevention Providers (RPPs), Community Coalitions, and other state agencies and allied prevention partners in their efforts to reduce substance abuse and promote behavioral health outcomes.

STRATEGIES

1. Increase collaboration among organizations and agencies involved in prevention including, but not limited to, state and local government, elected officials, key stakeholders and the thirteen Regional Prevention Providers.
2. DAABHS/MidSOUTH will collaborate with Arkansas Prevention Certification Board to increase the number of certified preventionists in the state.
3. Design and implement training and technical assistance system that will enhance skills of providers to administer effective prevention services.
4. Encourage blending and braiding of funding streams to implement prevention strategies among prevention stakeholders.
5. Build relationships with partners and community coalitions and clearly define roles and expectations for partners and communities.
6. Identify prevention champions in the legislature to advance prevention policies.

GOAL 3: Strengthen and enhance Arkansas Prevention Infrastructure and leadership to manage, lead and sustain effective substance abuse prevention and behavioral health promotion programs and strategies.

OBJECTIVE 3.1: Enhance prevention infrastructure to systematically support Regional Prevention Providers (RPPs), Community Coalitions, and other state agencies and allied prevention partners in their efforts to reduce substance abuse and promote behavioral health outcomes.

ACTION TIMEFRAME

SFY 2019	SFY 2020	SFY 2021	SFY 2022
Enhance capacity of the Regional Prevention Provider system by increasing funding allocation.	Collaborate with Arkansas Prevention Certification Board to increase the number of certified preventionists in the state.	Collaborate with Arkansas Prevention Certification Board to increase the number of certified preventionists in the state.	Collaborate with Arkansas Prevention Certification Board to increase the number of certified preventionists in the state.
Collaborate with Arkansas Prevention Certification Board to increase the number of certified preventionists in the state.	Encourage blending and braiding of funding streams to implement prevention strategies among prevention stakeholders.	Encourage blending and braiding of funding streams to implement prevention strategies among prevention stakeholders.	Encourage blending and braiding of funding streams to implement prevention strategies among prevention stakeholders.
Design and implement training and technical assistance system that will increase and enhance skills of providers to administer effective prevention services.	Develop/identify training curriculums and conduct TOTs.	Conduct training curriculums and conduct TOTs.	Conduct training curriculums and conduct TOTs.
Encourage blending and braiding of funding streams to implement prevention strategies among prevention stakeholders.			
Establish County Prevention Taskforces.			

GOAL 3: Strengthen and enhance Arkansas Prevention Infrastructure and leadership to manage, lead and sustain effective substance abuse prevention and behavioral health promotion programs and strategies.

OBJECTIVE 3.2: Assist State agencies, organizations, and communities in using state and local data to conduct prevention needs assessments; selecting and implementing data driven prevention strategies/programs; and monitoring and evaluating effectiveness of prevention efforts.

STRATEGIES

1. Ensure increased statewide participation in the Arkansas Prevention Needs Assessment Student Survey (APNA), the CORE Survey and other identified prevention needs assessment efforts.
2. Increase collaboration among local and state partners to share information for the Risk Factors and Epidemiological State Profile data compilation.
3. Create a marketing plan to promote available data to behavioral health workforce, schools, policy makers, law enforcement and other prevention stakeholders

ACTION TIMEFRAME

SFY 2019	SFY 2020	SFY 2021	SFY 2022
Ensure increased statewide participation in the Arkansas Prevention Needs Assessment Student Survey (APNA), the CORE Survey by recruiting more schools.	Recruit more schools to participate in the Arkansas Prevention Needs Assessment Student Survey (APNA), the CORE Survey.	Recruit more schools to participate in the Arkansas Prevention Needs Assessment Student Survey (APNA), the CORE Survey.	Recruit more schools to participate in the Arkansas Prevention Needs Assessment Student Survey (APNA), the CORE Survey.
Increase collaboration among partner agencies to share data.	Disseminate available data to behavioral health workforce, schools, policy makers, law enforcement and other prevention stakeholders.	Disseminate available data to behavioral health workforce, schools, policy makers, law enforcement and other prevention stakeholders.	Disseminate available data to behavioral health workforce, schools, policy makers, law enforcement and other prevention stakeholders.
Create marketing plan to promote available data to behavioral health workforce, schools, policy makers, law enforcement and other prevention stakeholders.			

GOAL 3: Strengthen and enhance Arkansas Prevention Infrastructure and leadership to manage, lead and sustain effective substance abuse prevention and behavioral health promotion programs and strategies.

OBJECTIVE 3.3: Provide training and technical assistance to regional prevention providers and other behavioral health stakeholders.

STRATEGIES

1. DAABHS/MidSOUTH will conduct periodic assessments to determine training needs.
2. Provide year round prevention trainings and annual statewide prevention conference.
3. Prevention Certification/Workforce Development – Collaborate with the Arkansas Prevention Certification Board (APCB) to recruit more prevention providers into the certification process.
4. Provide trainings to increase the capacity and competency of Arkansas' substance abuse prevention workforce and other stakeholders to effectively plan, implement, evaluate and sustain prevention programs and strategies.
5. Provide training and technical assistance to enhance workforce knowledge of and capacity to implement evidence based programs and environmental prevention strategies.
6. Develop/identify standardized prevention training to establish a common prevention knowledge base and shared interests across behavioral health sectors and disciplines.
7. Provide periodic trainings on Strategic Prevention Framework process and both SAPST and SAPST TOT with fidelity to providers and other prevention stakeholders.
8. Regularly evaluate community needs, successes, and challenges.
9. DAABHS/MidSOUTH will partner with Criminal Justice Institute to provide training on Naloxone to all first responders, school resource officers, and other community stakeholders.

GOAL 3: Strengthen and enhance Arkansas Prevention Infrastructure and leadership to manage, lead and sustain effective substance abuse prevention and behavioral health promotion programs and strategies.

OBJECTIVE 3.3: Provide training and technical assistance to regional prevention providers and other behavioral health stakeholders.

ACTION TIMEFRAME

SFY 2019	SFY 2020	SFY 2021	SFY 2022
<p>Conduct assessments to determine training needs.</p> <p>Provide year round prevention trainings and annual statewide prevention conference.</p> <p>Collaborate with Arkansas Prevention Certification Board to provide workforce development trainings for prevention providers and other behavioral health workers.</p> <p>Provide trainings to increase the capacity and competency of Arkansas’ substance abuse prevention workforce and other stakeholders</p> <p>Provide training and technical assistance to enhance workforce knowledge of and capacity to implement evidence based programs and environmental prevention strategies.</p> <p>Provide periodic trainings on SPF and SAPST to new providers and other behavioral healthcare providers.</p>	<p>Conduct assessments to determine training needs.</p> <p>Provide year round prevention trainings and annual statewide prevention conference.</p> <p>Collaborate with Arkansas Prevention Certification Board to provide workforce development trainings for prevention providers and other behavioral health workers.</p> <p>Provide trainings to increase the capacity and competency of Arkansas’ substance abuse prevention workforce and other stakeholders</p> <p>Provide training and technical assistance to enhance workforce knowledge of and capacity to implement evidence based programs and environmental prevention strategies.</p> <p>Provide periodic trainings on SPF and SAPST to new providers and other behavioral healthcare providers.</p>	<p>Conduct assessments to determine training needs.</p> <p>Provide year round prevention trainings and annual statewide prevention conference.</p> <p>Collaborate with Arkansas Prevention Certification Board to provide workforce development trainings for prevention providers and other behavioral health workers.</p> <p>Provide trainings to increase the capacity and competency of Arkansas’ substance abuse prevention workforce and other stakeholders</p> <p>Provide training and technical assistance to enhance workforce knowledge and capacity to implement evidence based programs and environmental prevention strategies.</p> <p>Provide periodic trainings on SPF and SAPST to new providers and other behavioral healthcare providers.</p>	<p>Conduct assessments to determine training needs.</p> <p>Provide year round prevention trainings and annual statewide prevention conference.</p> <p>Collaborate with Arkansas Prevention Certification Board to provide workforce development trainings for prevention providers and other behavioral health workers.</p> <p>Provide trainings to increase the capacity and competency of Arkansas’ substance abuse prevention workforce and other stakeholders</p> <p>Provide training and technical assistance to enhance workforce knowledge of and capacity to implement evidence based programs and environmental prevention strategies.</p> <p>Provide periodic trainings on SPF and SAPST to new providers and other behavioral healthcare providers.</p>

GOAL 4: Evaluate Arkansas' substance abuse prevention system.

OBJECTIVE 4.1: Collect and analyze process and outcome data to determine the ongoing effectiveness of prevention and behavioral health promotion programs and strategies implementations.

STRATEGIES

1. With guidance from the Arkansas Foundation for Medical Care (AFMC), the plan will be continuously monitored and evaluated periodically to determine if forecasted benchmarks are being met. The plan outcomes will be measured on a short term (2019), mid-term (2020) and long term (2022) basis by reviewing the usage rates for selected substances. This will entail a review of the outcomes by examining data sources for the trend of usage for the following indicators:
 - Past 30-day usage: This is a measure of the current use of substances among middle and high school students.
 - Lifetime use: This indicator measures usage of a substance at least once in the student's lifetime, and is the best measure of youth experimentation with alcohol, tobacco and other drugs.
 - Perception of risk: Increased perception of risk is a protective factor that measures likelihood of not using a substance. Likewise, decreased perception of risk increases the likelihood of usage.
 - Past 2-weeks binge drinking: This measures excessive alcohol consumption of college students.
2. Process data will be evaluated to determine infrastructure improvements, trainings, and partner outreach. Minutes and relevant documentation such as number of people trained, served and certified will be reviewed on a regular basis.
3. Develop Memorandums of Understanding between partner agencies to assure that all parties understand their respective roles.
4. Continue to fund and maintain the State Epidemiological Outcome Workgroup to provide state and county-level data to support substance abuse prevention planning and evaluation for the prevention system.

GOAL 4: Evaluate Arkansas’ substance abuse prevention system.

OBJECTIVE 4.1: Collect and analyze process and outcome data to determine the ongoing effectiveness of prevention and behavioral health promotion programs and strategies implementations.



ACTION TIMEFRAME

SFY 2019	SFY 2020	SFY 2021	SFY 2022
Continuously measure process and outcome data to determine if forecasted benchmarks are met.	Continuously measure process and outcome data to determine if forecasted benchmarks are met.	Continuously measure process and outcome data to determine if forecasted benchmarks are met.	Continuously measure process and outcome data to determine if forecasted benchmarks are met.
Measure short-term outcomes by reviewing the usage rates for selected substances.	Measure mid-term outcomes by reviewing the usage rates for selected substances.		Measure long-term outcomes by reviewing the usage rates for selected substances.

DATA SOURCES

State Epidemiological Outcome Workgroup

The Arkansas Epidemiological Statewide Profile report provides an overview of substance use 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. Substance abuse data is compiled from various national and state agencies (e.g. Department of Education, Highway Safety, Tobacco Control Board, AR Beverage Control, Department of Health, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, etc.) to integrate information regarding the causes and consequences of the use of alcohol, tobacco, and other drugs in both adult and child populations. The profile includes a general population profile, information about factors that may contribute to substance abuse, and in an effort to determine the effect of substance abuse in Arkansas, health and economic consequences. Specific county level data is included for each of the 75 counties as a resource for community leaders throughout Arkansas. This report is posted online at <http://www.preventionworksar.org/>.

Arkansas Prevention Needs Assessment

The Arkansas Prevention Needs Assessment (APNA) student Survey is conducted annually. APNA uses the Communities That Care Student Survey instrument which is based on risk and protective factors and collects information on drug use and social indicators. Arkansas public school students in 6th, 8th, 10th, and 12th grades are surveyed. Each participating district is provided its own data results in district and building level reports (providing the number of participants is large enough for student anonymity). Data results are also published at the county, region, and state levels and posted on line for public access. The APNA data has become a major planning resource for communities, schools, and state agencies. APNA data is used by a variety of organizations for both state and community level planning. APNA Reports are accessible online at <https://arkansas.pridesurveys.com/>.

Risk Factors for Adolescent Drug and Alcohol Abuse In Arkansas

The Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas is a compilation of data reported by various state agencies (e.g. Department of Education, Highway Safety, Tobacco Control Board, AR Beverage Control, Department of Health, Division of Youth Services, etc.) Approximately 90 archival data indicators are collected annually and organized according to the following categories: Demographic data, Community Domain, Family Domain, School Domain, Peer/Individual Domain, and Consequences. The publication reports the data at the state region, and county levels. To depict data trends, the annual publication includes data for each of the most recent five years and for the 10th year back (six years of data). This compilation provides DBHS and communities, schools, agencies, and organizations with readily accessible data needed for effective planning of prevention efforts. It has also proven to be a valuable resource for other fields, including treatment, youth services, etc. This report is posted online at <http://www.preventionworksar.org/>.

DATA SOURCES

CORE

The CORE Alcohol and Drug Survey was developed in the late 1980s by the U.S. Department of Education and advisors from several universities and colleges to measure alcohol and other drug usage, attitudes, and perceptions among college students at two and four year institutions. The survey is administered by the CORE Institute at Southern Illinois University – Carbondale (SIUC). The survey includes several types of items about alcohol and drugs. One type deals with the students' attitudes, perceptions, and opinions about alcohol and other drugs and the other deals with the students' own use and consequences of use. More information on the CORE survey is available online at <http://core.siu.edu/>.

Monitoring the Future

Monitoring the Future is an ongoing study of behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of approximately 50,000 students in 8th, 10th, and 12th grades are surveyed. In addition, annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation. MTF reports are available online at <http://www.monitoringthefuture.org/>.

National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals age 12 and older. The Substance Abuse and Mental Health Services Administration (SAMHSA), which funds NSDUH, is an agency within the U.S. Public Health, a part of the U.S. Department of Health and Human Services. Supervision of the project comes from SAMHSA's Office of Applied Studies (OAS). Data from the NSDUH provides national and state-level estimates of the past month, past year, and lifetime use of tobacco products, alcohol, illicit drugs, and non-medical use of prescription drugs. More information on the NSDUH is available online at <https://nsduhweb.rti.org/respweb/homepage.cfm>.

The Kaiser Family Foundation

Kaiser is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. Unlike grant-making foundations, Kaiser develops and runs its own policy analysis, journalism and communications programs, sometimes in partnership with major news organizations.

KFF serves as a non-partisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. More information on the KFF is available online at <https://www.kff.org/>.

APPENDIX i.

2012 Arkansas Prevention Strategic Plans Outcomes

Goal	Outcome Measured	Final Outcome
1. Lower the reported 30 day alcohol usage rate according to the Arkansas Prevention Needs Assessment from 16.3% in 2011 to 13.3% by 2016.	30 day alcohol usage rate according to the APNA by 2016 was reported at 11.1%.	This represents a 5.2% decrease. Goal Surpassed by 2.1%
2. Lower the reported 30 day smokeless tobacco usage rate according to the Arkansas Prevention Needs Assessment from 5.6% in 2011 to 3.6% by 2016 and the cigarette usage rate from 8.8% in 2011 to 6.8% in 2016.	30 day smokeless tobacco usage rate according to the APNA by 2016 was reported at 4.3%.	This represents a 1.3% decrease. Goal Not Met by 0.7%
	30 day cigarette usage rate according to the APNA by 2016 was reported at 5.6%.	This represents a 3.2% decrease. Goal Surpassed by 1.2%
3. Lower the reported 30 day usage rate for prescription drugs according to the Arkansas Prevention Needs Assessment from 4.4% in 2011 to 2.1% by 2016.	30 day prescription drugs usage rate according to the APNA by 2016 was reported at 3%.	This represents a 1.4% decrease. Goal Not Met by 0.9%
4. Lower the number of attempted suicide reported by the Arkansas Department of Health Injury Prevention from 1692 in 2010 to 1400 by 2016.	Information not available	Information not available

APPENDIX ii.

2012 Arkansas Prevention Strategic Plans Outcomes of Infrastructure Needs Identified

Infrastructure Needs Identified	Outcome
Need to source more funding from the state government and braiding of funds with other agencies.	<p>Prevention services did not receive funds from the state government. However, there has been increased coordination of services and braiding of funds, especially through trainings, with other agencies. Prevention services was able to secure the following discretionary funds from the Substance Abuse and Mental Health Services Administration (SAMHSA):</p> <ul style="list-style-type: none"> • Strategic Prevention Framework Partnership for Success grant (PFS) • Prescription Drug Overdose Grant (PDO) • State Targeted Response to Opioid Crisis Grant (STR)
Increase collaboration among behavioral health organizations	DAABHS and MidSOUTH have increased collaborations with other behavioral health agencies.
Restructuring of the technical assistance system at the regional/community level	<p>DAABHS remains the Single State Agency (SSA) with authority to oversee the Substance Abuse Block Grant (SABG). DAABHS has contracted the University of Arkansas Little Rock, MidSOUTH Center for Prevention and Training to manage the state’s prevention program. The regions of service were restructured from 8 regions to 13 regions. MidSOUTH is also in contract with ACDEC.</p>
Comprehensive data management system	<p>WITS data management system was acquired by DAABHS and is currently being overseen by MidSOUTH. MidSOUTH and AFMC also developed a data reporting and analysis platform known as REDCap.</p>
Need for more behavioral health training and certification capacity	MidSOUTH currently conducts two (2) statewide prevention conferences. Also, year round trainings are conducted throughout the state.
Need for more prevention services staff at the state and local levels.	The contract with MidSOUTH has allowed for nine (9) additional prevention service staff to the three (3) staff housed at DAABHS for a total of twelve staff at the state level. Also, more staff has been added at the local level with the expansion of the regions from eight (8) to thirteen (13).

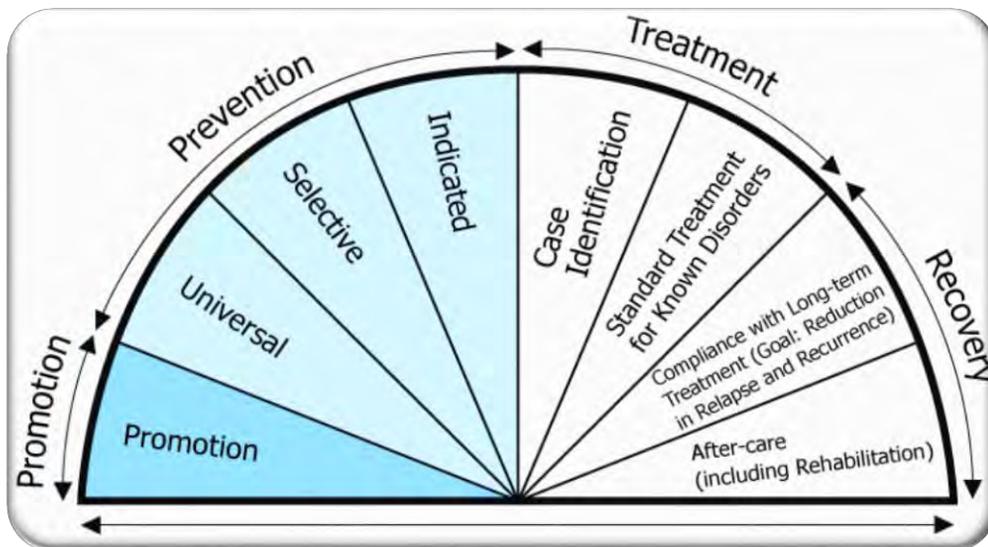
APPENDIX iii.

Arkansas Strategic Prevention Planning Committee Members

Name	Agency	Title	Email
Chuks Odor	UA Little Rock/MidSOUTH Center for Prevention and Training Lead: Strategic Planning Committee	Prevention Program Manager	CCOdor@midsouth.ualr.edu
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Hayse Miller	Family Service Agency, Inc.	Region 9 Regional Prevention Representative	HMiller@fsainc.org
Sharron Mims	Arkansas Department of Human Services	Program Manager	Sharron.Mims@asp.arkansas.gov
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Gigi Peters	UA Little Rock/MidSOUTH Center for Prevention and Training	Executive Director, MidSOUTH	GAPeters@midsouth.ualr.edu
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Kent Thompson	Arkansas Foundation for Medical Care	Supervisor, Program Evaluation	KThompson@afmc.org
Jill Weinschke	T.O.U.C.H Coalition	T.O.U.C.H. Project Coordinator	Jill.Touch@gmail.com

APPENDIX iv.

Continuum of Care



A comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care. The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:

- **Promotion**—These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.
- **Treatment**—These services are for people diagnosed with a substance use or other behavioral health disorder.
- **Recovery**—These services support individuals' abilities to live productive lives in the community and can often help with abstinence.

APPENDIX v.

Arkansas Prevention Services Regions





Sources

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