Narrative for the Arkansas Home Visiting Needs Assessment
Supplemental Information Request
September 2010

I. State Data Report (with Methodology Notes)

State-level data for the requested indicators are displayed in Attachment A, pages 1 and 2. In general, the state is known to have worse maternal-child health and poverty statistics than many other states. Certain other measures, such as crime and domestic violence, are less easily compared to other states due to decreased availability of standard measures. Overall crime figures shown include reported felonies per 1,000 population. These figures were obtained from the Arkansas Crime Information Center. Domestic violence is particularly difficult to assess in Arkansas. Based upon recommendations of state experts, the rate shown on both state and local matrices is the number of court petitions filed for protective orders, per 10,000 population. The high school dropout measure employed for both the statewide and community-level tables is known as the "event dropout rate." This measure is the number of public school dropouts in a single school year among 9^{th}-12^{th} graders expressed as a percentage of total 9^{th}-12^{th} grade enrollment. To calculate the rate, dropout and enrollment figures were obtained from the Arkansas Department of Education for the 2008-2009 school year. Generally speaking, for this measure of dropouts, Arkansas tends to run close to or even below national averages. Substance abuse figures shown come from the latest available SAMHSA National Survey on Drug Use and Health (NSDUH), from which only substate-regional figures are available. State and county unemployment figures were obtained from the Arkansas Department of Workforce Services. Arkansas has been fortunate to have experienced less unemployment than many other states during the current economic downturn, with this indicator actually improving some over the past few months. As for child maltreatment, numbers of substantiated cases were obtained from the Department of Human Services Division of Child and Family Services. Rates were then calculated per 1,000 0-18 year olds in each geographic area of interest.

II. Definition of Community/Justification for Chosen At-Risk Communities

Apart from a few small to medium-population cities, Arkansas is a very rural state. The capital and largest city, Little Rock, is home to approximately 189,000 people. Little Rock is nestled in Pulaski County, which lies at the geographic center of the state. And while Pulaski County could be viewed to comprise several distinct communities, such is not the case for most of the other counties in the state, many of which have decidedly small populations. In addition, data for many of the indicators called for in this needs assessment are only readily available at the county level. Therefore, for purposes of this document, at-risk communities are defined at the county level.

A brief justification for each of the counties selected as "at-risk" follows. See Attachment A for county data tables and Attachment B for a map showing the location of the counties.

Lee County. Lee is located in the eastern part of Arkansas within the Mississippi Delta region, traditionally one of the most impoverished regions in America. In fact, Lee County has the highest poverty rate in the state (38.6%), along with the highest percentage of preterm births in the state (19.7%). Other maternal-child health (MCH) indicators are also high here, including infant mortality, low birth weight and very low birth weight, unwed births, and births to teens. The high school dropout rate is third highest in the state. The unemployment rate is above the state rate, while rates of substance use are below state rates (based on regional survey data). Rates of domestic violence and child maltreatment are average to slightly above average compared to the state, while crime and juvenile arrest rates are below statewide statistics.

St. Francis County. Also located in the Mississippi Delta, St. Francis County has the second-highest percentage of preterm births (19.0%) and teen birth rate (97.8/1,000) in the state, and the third-highest poverty rate (31.4%). Other indicators including low birth weight, very low birth weight, and unwed births are also very high here. St. Francis County unfortunately suffers the highest juvenile arrest rate and the sixth highest overall felony rate in the state. Unemployment is well above the state average, as is the high school dropout rate. Rates of domestic violence and child maltreatment are average to below average.

Jefferson County. Often described as the "Gateway to the Delta," Jefferson Co. is located southeast of Little Rock. The county is home to Pine Bluff (pop. ~55,000), making it one of the more populated counties in the state. Despite some resources including a large regional hospital and vestiges of industry, the county has a number of problems including high crime (tied with Pulaski for highest in the state), the state's highest rate of domestic violence petitions filed, along with high unemployment (10.1%) and high poverty (20.6%). MCH measures such as infant mortality, preterm births, low birth weight, and births to teens are also high here. Jefferson has the fourth highest percentage of unwed births (63.0%) and the thirteenth highest high school dropout rate. The rate of substantiated child maltreatment is slightly below the state rate, as are rates of substance use per substate NSDUH figures.

Crittenden County. Situated in east Arkansas directly across the Mississippi River from Memphis, Crittenden too shares many of the troubles of its neighboring counties. The county has the highest infant mortality rate in the state (15.0/1,000) and the highest percentages of low birth weight (14.4%) and very low birth weight (4.4%) births in the state. It also ranks as the third highest for crime and fourth highest for juvenile arrests. Crittenden additionally has exceptionally high rankings for preterm births (fourth), unwed births (fourth), and births to teen mothers (seventh). The poverty rate and the domestic violence rate are both appreciably higher than the respective state marks. Unemployment remains high (11.2%), while rates of substance abuse, high school dropouts, and child maltreatment are equal to or just below state averages.

Phillips County. In some ways the prototypical Delta community, Phillips County has suffered for years from poverty, lack of industry, and poor educational attainment. The county ranks first among all Arkansas counties for high school dropouts, with an event rate (9.33%) almost twice as high as the state's. The percentage of unwed births also tops the state at 74.1%. Phillips has the second highest poverty rate at 34.9% and an unemployment rate that is well above average. The county is third highest in births to teens, fourth highest in very low birth weight births, and fifth highest in preterm births. Crime reports are also well above state rates (fifth highest in the state). As with the other Delta communities already described, regional substance abuse rates are average to low compared to the state.

Mississippi County. Located in the northeast part of Arkansas, Mississippi Co. also qualifies as a Delta community. The county has been hit hard by the current recession, with the jobless rate still running at 11.5% (second highest in the state). Mississippi County has the highest rate of births to teens in the state at 98.9/1,000. Other MCH indicators such as unwed births, preterm births, and low birth weight births also run high here. Juvenile arrests and crimes reported are sixth and seventh highest in the state, respectively. The poverty rate is well above the state average, with rates of child maltreatment and domestic violence reports also exceeding comparable state figures. Substance abuse figures are somewhat mixed, with higher rates of non-medical use of prescription analgesics and use of illicit drugs other than marijuana, average binge alcohol use, and below average marijuana use.

Union County. This county, situated in south central Arkansas, possesses somewhat different demographics than the Delta communities. The county is home to El Dorado, a city of about 21,000 that boasts some manufacturing, a community college, and an arts center. The county has a low high school dropout rate, likely due to the El Dorado Promise, a program sponsored by Murphy Oil that pays for college tuition for any resident graduate of El Dorado High School. Nonetheless, the community also has the second highest rate of petitions filed for domestic abuse, and the eleventh highest rate of reported crime in the state. Unemployment is also currently high (9.7%). Certain MCH indicators such as unwed births, births to teens, and very low birth weight run higher than state numbers. The poverty rate (19.8%) is also higher than the state rate. Rates of child maltreatment and substance abuse are slightly lower than those of the state.

Woodruff County. Although not highly populous, Woodruff is another Delta county with poor indicators. It claims the highest per capita rate of substantiated child maltreatment (18.2/1,000), and has the seventh highest poverty rate (27.1%). Juvenile arrests are second highest in the state. At 9.2%, current unemployment exceeds the state average. The percentage of very low birth weight births is third highest in the state (3.4%). Rates of both preterm birth and infant mortality are eighth highest. The rate of births to teens and the percentage of unwed births are also very high compared to other counties. Rates of substance abuse match those of Mississippi County, while rates of reported domestic violence and overall crime are average to below average.

Monroe County. This county, also in eastern Arkansas, has the seventh highest infant mortality rate, the eighth highest poverty rate, and the ninth highest unwed births rate in the state. The high school dropout rate is twelfth highest. Rates of low birth weight and preterm birth are higher than state averages. As with other Delta counties, rates of substance abuse are slightly below those of the state, while rates of crime, substantiated child maltreatment and domestic abuse filings are definitely lower than comparable state statistics.

III. Data for Communities at Risk

Tables displaying data for each of the above at-risk communities are presented in Attachment A, pp.3-20. These data embody the same methodology (and possess the same limitations as) the data presented for the state.

IV. Capacity for Home Visitation in Communities at Risk

In the summer of 2010, a survey was conducted by Arkansas Children's Hospital and the Arkansas Children's Trust Fund with support from the Pew Charitable Trusts. The survey attempted to gather information from all significant providers of home visiting services within the state. All told, 31 major providers of services were identified, many of whom provide services in multiple counties. Aggregate findings of the survey are found in Attachment C. In summary, home visiting programs in the state are funded through a variety of federal, state, and private resources. The model most commonly employed by programs is Parents as Teachers, although many programs employ a locally developed set of services, and many employ a mix of models and services. At present no program utilizes the Nurse Family Partnership model. Many different curricula are used across the state, and programs target a variety of desired outcomes. The most common outcomes pursued are improved child development and improved parenting skills, both of which are reported goals for 96.8% of programs. Programs target a mix of target ages, from the prenatal period all the way to age 5. Family income is the most commonly utilized eligibility criterion, but many others are also factored in such as maternal age, single parenthood, and first time parenthood. Caseloads per home visitor have a wide range among programs, anywhere from 0-10 to >30. Programs most commonly (40.0%) serve children and their families up to age three. The frequency of visits typically ranges from weekly to monthly, with weekly visits more prevalent among 0-1 year olds served. Average costs per family served also vary widely, from <$500 to >$5000 per year.

A description of home visiting services known to be underway in each of the communities at risk follows.

Lee County:

Program Name: Maternal-Infant Program (Arkansas Department of Health)
Home Visiting Model: Nurse visits; locally developed program (not evidence-based)
Services Provided: Nurse home visits at up to 4 times prenatally, 3 times postpartum, 4 additional times during infancy; provision of skilled assessment, teaching, and referrals
Intended recipient(s): Pregnant woman or new mother and infant (<6 weeks old); adolescent mothers most frequently
Targeted Goals/Outcomes: Improved maternal and infant health and safety; establishment of a medical home; improved linkage to community services
Demographic Characteristics of Families Served: Specific data not available; known to be largely low-income, pregnant and parenting adolescents; mostly African American
Number of Individuals Served in County: 29 (2009)
Geographic Area Served: Entire county

St. Francis County:

Program Name: Maternal-Infant Program (Arkansas Department of Health)
Home Visiting Model: Nurse visits; locally developed program (not evidence-based)
Services Provided: Nurse home visits at up to 4 times prenatally, 3 times postpartum, 4 additional times during infancy; provision of skilled assessment, teaching, and referrals
Intended recipient(s): Pregnant woman or new mother and infant (<6 weeks old); adolescent mothers most frequently
Targeted Goals/Outcomes: Improved maternal and infant health and safety; establishment of a medical home; improved linkage to community services
Demographic Characteristics of Families Served: Specific data not available; known to be largely low-income, pregnant and parenting adolescents; mostly African American
Number of Individuals Served in County: 215 (2009)
Geographic Area Served: Entire county

Program Name: Following Baby Back Home (University of Arkansas for Medical Sciences)
Home Visiting Model: Locally developed program
Services Provided: monthly visits (RN and bachelors level visitors); developmental assessment; provision of skilled assessment, teaching, and referrals
Intended recipient(s): NICU "graduate" and family
Targeted Goals/Outcomes: Improved infant and child health safety; improved child development; improved parenting skills; improved community resource utilization
Demographic Characteristics of Families Served: Specific data not available
Number of Individuals Served in County: 1
Geographic Area Served: Entire county, as needed (program based at state level)

Jefferson County:

Program Name: Access, Inc.
Home Visiting Model: Thrive
Services Provided: Home visits beginning in prenatal period through 3 years of age, utilizing Born to Learn and MELD program curricula; developmental assessments
Intended recipient(s): Pregnant/parenting adolescents (14-19) and their children 0-3 years
Targeted Goals/Outcomes: Improved maternal, infant, and child health; improved child development; delay in additional pregnancies; enhanced education for parent(s); improved job readiness skills; improved economic self-sufficiency; establishment of a medical home; improved utilization of community resources; improved parenting skills; prevention of child abuse; improved social connections for parents; reduced parental depression
Demographic Characteristics of Families Served: Other specific data not available
Number of Individuals Served in County: 276
Geographic Area Served: Entire county; most clients are from Pine Bluff

Program Name: Arkansas River Education Service Cooperative
Home Visiting Model: Parents as Teachers
Services Provided: Monthly home visits beginning in prenatal period through 3 years of age, utilizing Born to Learn curriculum; developmental assessments
Intended recipient(s): Pregnant adolescents, single parents, first-time parents, low-income families, history of substance abuse
Targeted Goals/Outcomes: Improved maternal, infant, and child health; improved child development; improved school readiness; prevention of childhood injuries; enhanced education for parent(s); improved economic self-sufficiency; improved utilization of community resources; improved parenting skills; prevention of child abuse; improved life skills for parents; reduced parental depression
Demographic Characteristics of Families Served: <200% FPL
Number of Individuals Served in County: 168
Geographic Area Served: Entire county; most clients are from Pine Bluff

Program Name: Jefferson Comprehensive Care System Parents as Teachers
Home Visiting Model: Healthy Families America
Services Provided: Home visits by HS graduates beginning in prenatal period through 3 years of age, utilizing Born to Learn and other PAT curricula; developmental assessments
Intended recipient(s): Pregnant/parenting women (age ≥16) and their children 0-2 years
Targeted Goals/Outcomes: Improved maternal, infant, and child health; improved child development; improved parenting skills; improved school readiness
Demographic Characteristics of Families Served: <200% FPL
Number of Individuals Served in County: 80
Geographic Area Served: Entire county; most clients are from Pine Bluff

Jefferson County (cont.):

Program Name: Maternal-Infant Program (Arkansas Department of Health)
Home Visiting Model: Nurse visits; locally developed program (not evidence-based)
Services Provided: Nurse home visits at up to 4 times prenatally, 3 times postpartum, 4 additional times during infancy; provision of skilled assessment, teaching, and referrals
Intended recipient(s): Pregnant woman or new mother and infant (<6 weeks old); adolescent mothers most frequently
Targeted Goals/Outcomes: Improved maternal and infant health and safety; establishment of a medical home; improved linkage to community services
Demographic Characteristics of Families Served: Specific data not available; known to be largely low-income, pregnant and parenting adolescents
Number of Individuals Served in County: 9 (2009)
Geographic Area Served: Entire county

Program Name: Following Baby Back Home (University of Arkansas for Medical Sciences)
Home Visiting Model: Locally developed program
Services Provided: monthly visits (RN and bachelors level visitors); developmental assessment; provision of skilled assessment, teaching, and referrals
Intended recipient(s): NICU "graduate" and family
Targeted Goals/Outcomes: Improved infant and child health safety; improved child development; improved parenting skills; improved community resource utilization
Demographic Characteristics of Families Served: Specific data not available
Number of Individuals Served in County: 8
Geographic Area Served: Entire county, as needed (program based at state level)

Program Name: Easter Seals of Arkansas
Home Visiting Model: A program for high risk infants (March of Dimes)
Services Provided: Weekly visits by bachelors and masters level visitors; developmental assessment; provision of skilled assessment, teaching, and referrals
Intended recipient(s): High risk infants and children 0-3 years old--developmental disabilities, preterm infants, failure to thrive
Targeted Goals/Outcomes: Improved child development; establishment of a medical home; improved parenting skills; improved social connections for parents
Demographic Characteristics of Families Served: Specific data not available
Number of Individuals Served in County: 5
Geographic Area Served: Entire county, as needed (program based at state level)

Crittenden County:

Program Name: Maternal-Infant Program (Arkansas Department of Health)
Home Visiting Model: Nurse visits; locally developed program (not evidence-based)
Services Provided: Nurse home visits at up to 4 times prenatally, 3 times postpartum, 4 additional times during infancy; provision of skilled assessment, teaching, and referrals
Intended recipient(s): Pregnant woman or new mother and infant (<6 weeks old); adolescent mothers most frequently
Targeted Goals/Outcomes: Improved maternal and infant health and safety; establishment of a medical home; improved linkage to community services
Demographic Characteristics of Families Served: Specific data not available; known to be largely low-income, pregnant and parenting adolescents; largely African American
Number of Individuals Served in County: 25 (2009)
Geographic Area Served: Entire county

Phillips County:

Program Name: Maternal-Infant Program (Arkansas Department of Health)
Home Visiting Model: Nurse visits; locally developed program (not evidence-based)
Services Provided: Nurse home visits at up to 4 times prenatally, 3 times postpartum, 4 additional times during infancy; provision of skilled assessment, teaching, and referrals
Intended recipient(s): Pregnant woman or new mother and infant (<6 weeks old); adolescent mothers most frequently
Targeted Goals/Outcomes: Improved maternal and infant health and safety; establishment of a medical home; improved linkage to community services
Demographic Characteristics of Families Served: Specific data not available; known to be largely low-income, pregnant and parenting adolescents
Number of Individuals Served in County: 24 (2009)
Geographic Area Served: Entire county

Mississippi County:

Program Name: Maternal-Infant Program (Arkansas Department of Health)
Home Visiting Model: Nurse visits; locally developed program (not evidence-based)
Services Provided: Nurse home visits at up to 4 times prenatally, 3 times postpartum, 4 additional times during infancy; provision of skilled assessment, teaching, and referrals
Intended recipient(s): Pregnant woman or new mother and infant (<6 weeks old); adolescent mothers most frequently
Targeted Goals/Outcomes: Improved maternal and infant health and safety; establishment of a medical home; improved linkage to community services

Mississippi County (cont.):

Demographic Characteristics of Families Served: Specific data not available; known to be largely low-income, pregnant and parenting adolescents
Number of Individuals Served in County: 735 (2009)
Geographic Area Served: Entire county

Program Name: Following Baby Back Home (University of Arkansas for Medical Sciences)
Home Visiting Model: Locally developed program
Services Provided: monthly visits (RN and bachelors level visitors); developmental assessment; provision of skilled assessment, teaching, and referrals
Intended recipient(s): NICU "graduate" and family
Targeted Goals/Outcomes: Improved infant and child health safety; improved child development; improved parenting skills; improved community resource utilization
Demographic Characteristics of Families Served: Specific data not available
Number of Individuals Served in County: 2
Geographic Area Served: Entire county, as needed (program based at state level)

Union County:

Program Name: Families and Children Together, Inc. Homebase Program
Home Visiting Model: Locally developed program funded through a Head Start grant
Services Provided: Weekly visits by child development associates, bachelors level and/or masters level visitors beginning in prenatal period through 2 years of age, utilizing Partners for a Healthy Baby, Creative Curriculum, Adventures in Learning, Infant and Toddler Planning Guide, and other curricula; developmental assessments
Intended recipient(s): Pregnant/parenting women (≥16 years) and their children 0-2 years
Targeted Goals/Outcomes: Improved maternal, infant, and child health; improved child development; childhood injury prevention; improved school readiness; enhanced education for parent(s); improved job readiness skills; improved family economic self-sufficiency; improved life skills for parents; establishment of a medical home; improved utilization of community resources; improved parenting skills; prevention of child abuse; improved social connections for parents; reduced parental depression
Demographic Characteristics of Families Served: <150% of FPL
Number of Individuals Served in County: 60
Geographic Area Served: Entire county (other counties served as well)

Program Name: Maternal-Infant Program (Arkansas Department of Health)
Home Visiting Model: Nurse visits; locally developed program (not evidence-based)
Services Provided: Nurse home visits at up to 4 times prenatally, 3 times postpartum, 4 additional times during infancy; provision of skilled assessment, teaching, and referrals

Union County (cont.):

Intended recipient(s): Pregnant woman or new mother and infant (<6 weeks old); adolescent mothers most frequently
Targeted Goals/Outcomes: Improved maternal and infant health and safety; establishment of a medical home; improved linkage to community services
Demographic Characteristics of Families Served: Specific data not available; known to be largely low-income, pregnant and parenting adolescents
Number of Individuals Served in County: 102 (2009)
Geographic Area Served: Entire county

Program Name: Following Baby Back Home (University of Arkansas for Medical Sciences)
Home Visiting Model: Locally developed program
Services Provided: monthly visits (RN and bachelors level visitors); developmental assessment; provision of skilled assessment, teaching, and referrals
Intended recipient(s): NICU "graduate" and family
Targeted Goals/Outcomes: Improved infant and child health safety; improved child development; improved parenting skills; improved community resource utilization
Demographic Characteristics of Families Served: Specific data not available
Number of Individuals Served in County: 2
Geographic Area Served: Entire county, as needed (program based at state level)

Woodruff County:

Program Name: Maternal-Infant Program (Arkansas Department of Health)
Home Visiting Model: Nurse visits; locally developed program (not evidence-based)
Services Provided: Nurse home visits at up to 4 times prenatally, 3 times postpartum, 4 additional times during infancy; provision of skilled assessment, teaching, and referrals
Intended recipient(s): Pregnant woman or new mother and infant (<6 weeks old); adolescent mothers most frequently
Targeted Goals/Outcomes: Improved maternal and infant health and safety; establishment of a medical home; improved linkage to community services
Demographic Characteristics of Families Served: Specific data not available; known to be largely low-income, pregnant and parenting adolescents
Number of Individuals Served in County: 18 (2009)
Geographic Area Served: Entire county

Monroe County:

Program Name: Maternal-Infant Program (Arkansas Department of Health)
Home Visiting Model: Nurse visits; locally developed program (not evidence-based)
Services Provided: Nurse home visits at up to 4 times prenatally, 3 times postpartum, 4 additional times during infancy; provision of skilled assessment, teaching, and referrals
Intended recipient(s): Pregnant woman or new mother and infant (<6 weeks old); adolescent mothers most frequently
Targeted Goals/Outcomes: Improved maternal and infant health and safety; establishment of a medical home; improved linkage to community services
Demographic Characteristics of Families Served: Specific data not available; known to be largely low-income, pregnant and parenting adolescents
Number of Individuals Served in County: 94 (2009)
Geographic Area Served: Entire county

Assessment of extent to which programs are meeting needs:
For the seven counties other than Jefferson and Union, an assessment of the adequacy of existing home visiting services is fairly straightforward. Of these seven Delta counties, five are known to offer only Maternal-Infant Program (MIP) nurse home visits through the Department of Health, while the other two have only MIP plus a very few visits to NICU graduates through the Following Baby Back Home program. In none of these counties can the existing effort be said to be meeting the enormous needs of the population. The continued poor indicators in these counties certainly support the notion that whatever is happening there is insufficient. MIP is important as a gap-filler but is not evidence-based, and existing resources do not permit many visits per mother-infant dyad. Visits are also curtailed at one year of age, even though most evidence-based programs follow children to at least age three. MIP also lacks any specific interventions directed toward child development, school readiness, child maltreatment, or parental economic self-sufficiency. In summary, in these counties many more families could clearly benefit from comprehensive evidence-based home visiting services.

The situation is only slightly different in Jefferson County and Union County. As a larger population center, Jefferson has a greater variety of resources dedicated to home visitation. Still, with almost 15,000 residents living in poverty, over 3,600 annual unwed births, 1,100 births to teens, and almost 700 low birth weight births, it is difficult to make the case that all needs are being met with just over 500 children and adults currently being served through home visits. The likelihood of service duplication is extremely small given such numbers. Union County provides home-based Head Start services to 60 children and adults, and MIP services to about 100 more each year. Yet over 8,000 people live in poverty, over 1,400 births occur each year to unwed mothers, 300 petitions for domestic protective orders are filed each year, and almost 300 youth are arrested annually. Again, unmet needs clearly exist here.

V. Capacity for Substance Abuse Treatment within the State and At-Risk Communities

An Overview: The Challenge Posed by Lack of Substance Abuse Care Options in the Delta Region of Arkansas

As with other health-care services (and human services in general), the counties identified as potential target counties for the provision of home visitation are significantly under-served in the area of substance abuse prevention and treatment. As the Join Together "Blueprint for the States" study published in 2006 indicates, though the state of Arkansas pays over $500,000 annually for *non-treatment* services for persons abusing alcohol and drugs, direct treatment and prevention programs are strongly under-funded statewide. In contrast to a number of other states with similar demographic profiles, Arkansas has not chosen to exercise a state Medicaid option to pay directly for substance abuse treatment.

Statewide, the provision of effective treatment and prevention services for substance abuse issues is a serious medical problem. As the 2008 "Final Report and Recommendations of the Arkansas Legislative Task Force on Substance Abuse Treatment Services" notes, according to Substance Abuse Mental Health Administration (SAMHSA) figures, only 5% of persons needing substance abuse treatment in Arkansas are receiving it. When one considers that this figure comprises care provided both by publicly funded health care providers as well as private ones, one begins to recognize the severe shortage of health care providers needed to address the substance abuse challenges faced by citizens of the state. The problem of providing adequate substance abuse treatment is compounded in the Delta region of the state, due to the poverty and rural nature of that portion of the state.

The counties for which this assessment indicates a strong need for enhanced services, including home visitation, are mostly in the eastern and southeastern half of the state. As previously stated, poverty, lack of employment, and lack of education are endemic in the Delta region. A number of indicators suggest that the problem of substance abuse in this portion of the state is under-reported, due to the rural nature of the area and the lack of a well-established network of health care services. The Arkansas Delta contains the state's largest proportion of African-American citizens. Statewide, though the African-American population stands at some 15%, the treatment level of African-American citizens dealing with substance abuse issues is around 28%. These data suggest that the level of substance abuse problems in the Delta region is probably higher than existing data might indicate.

What is lacking in the Delta region, in particular, are outpatient services for those with substance abuse issues coupled to residential living facilities and mental health treatment providers. For the most part, patients seeking substance abuse treatment in the Delta must go to other regions of the state to find residential care facilities.

For the majority of the counties identified by this needs assessment as potential targets for home visiting services, the closest residential treatment centers for substance abuse issues are the Wilbur D. Mills Treatment center in Searcy, the Northeast Arkansas Regional Recovery Center in Jonesboro, the Human Development and Research Services Facility in Pine Bluff, and the South Arkansas Substance Abuse facility in El Dorado. These centers provide the following treatment options:

1. Wilbur D. Mills Treatment Center: This center serves all the counties of eastern Arkansas, along with a number of counties in the north-central portion of the state, and has a 20-bed medical detox unit, a 44-bed residential treatment facility, and a 14-bed group home.
2. Northeast Arkansas Regional Recovery Center: though this facility is in Jonesboro, it also serves patients in Mississippi County. This treatment center provides limited residential short-term treatment options (30 days or less), along with outpatient services and partial hospitalization/day treatment.
3. Human Development and Research Services Facility (Pine Bluff): this facility serves patients in Jefferson County, one of the at-risk counties. It provides limited residential treatment on both a short- and long-term basis.
4. South Arkansas Substance Abuse Facility (El Dorado): this treatment center serves Union County, another at-risk county. It provides limited residential treatment.

The lack of readily available care facilities that provide substantial resident treatment options in Delta communities creates transitional problems for those who must travel to another area in order to receive treatment, but must then return to their home community in the Delta to transition back into community life, without a strong social support network to facilitate the transition. The problems created by the lack of local residential living facilities are compounded when—and this happens with many of those dealing with substance abuse issues statewide—family members reject the person struggling to overcome substance abuse and he/she becomes homeless. There are almost no care facilities in the Delta to deal with these challenges, or with the challenges of reintegrating into society faced by those leaving the penal system, many of whom also cope with substance abuse issues.

The problem of under-representation of services faced by the Delta region of the state is evident when one looks at the statewide budget for treatment of those with substance abuse problems. Statewide, 25% of the budgetary resources allocated for such treatment go to the four counties in central Arkansas, which has only 19% of the state's population. The four counties of central Arkansas have nine outpatient care facilities and three residential treatment centers for those with substance abuse problems, while the Delta region is notably under-served with such treatment options. In similar fashion, though the state has seven units statewide to provide specialized treatment for women with substance abuse issues, only one of these is in the Delta.
The lack of widely available options for treatment of the mental health issues from which substance abuse issues often arise, or which often compound substance abuse problems, also

poses noteworthy challenges for those dealing with these issues in the Delta region of the state. Increasingly, those exhibiting substance abuse addiction also have mental health challenges compounding the addiction. As the state's 2006 "Task Force on Substance Abuse Treatment Services" findings and recommendations report notes, OADAP funded programs find that 54% of those entering programs for alcohol and drug problems have a co-occurring mental health disorder.

Effective treatment of an addiction demands diagnosis and treatment of the mental health problems compounding the addiction. The lack of integrated programs providing both abuse treatment and mental health treatment with outpatient services in the Delta region results in serious shortcomings in the treatment of substance abuse problems in this region.

Also lacking in the Delta area of Arkansas are recovery support services including assistance in areas of employment, housing, etc. Detoxification and initial medical treatment for substance abuse are only the first steps in effective programs seeking to address the problem. For juveniles, the state's system of juvenile drug courts has sought to ameliorate the problem of addiction at a preventive level. Of the counties identified as at-risk, Lee, Woodruff, Phillips, Crittenden, and St. Francis all fall into the state's 1st judicial district, whose juvenile drug court works with the Wilbur D. Mills Center to address juvenile drug problems. Jefferson County is in the 11th judicial district, and works with the Southeast Arkansas Behavioral Care Center in Pine Bluff. Union County is in the 13th district, and collaborates with South Arkansas Youth Services in Magnolia.

Despite the court system and its collaboration with these treatment programs, as the 2006 report of the state's Task Force on Substance Abuse Treatment Services notes, adolescent treatment services are inadequate statewide. Residential treatment facilities for adolescents are not available in most of the state's catchment areas—notably, not in the Delta region. The 2006 report cites Circuit Judge Teresa French of the Southeast Arkansas district, who reports "appalling drug abuse" by juveniles in her district, in which 90% of juveniles appearing in her court have substance abuse addiction problems.

<u>At-Risk Counties: Specific Information about Substance Abuse Care Options</u>

The following data on the counties identified as at-risk are from the Arkansas Department of Human Services Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention, *Licensed Alcohol and Drug Abuse Treatment Providers Directory* (2010).

Lee County:

1. <u>Funded Treatment Programs</u>: Lee County Substance Abuse Treatment Services, Marianna (outpatient services)
2. <u>Non-Funded Treatment Programs</u> (none)

Lee County (cont.):

3. Prevention Services Providers: Region 7 Prevention Resource Center, Marianna; Counseling Services of Eastern Arkansas, Inc., Marianna
4. DASEP Programs: none

St. Francis:

1. Funded Treatment Programs: St. Francis County Substance Abuse Treatment Services, Forrest City (outpatient)
2. Non-Funded Treatment Programs (none)
3. Prevention Services Providers: (none)
4. DASEP Programs (none)

Jefferson County:

1. Funded Treatment Programs: Arkansas Department of Corrections Substance Abuse Treatment, Pine Bluff (residential treatment, day treatment); Human Development and Research Services, Inc., Pine Bluff (outpatient services, residential treatment, detoxification).
2. Non-Funded Treatment Programs (none)
3. Prevention Services Providers: Region 12 Prevention Resource Center, Pine Bluff; Healing Place Ministries, Pine Bluff
4. DASEP Programs: Quapaw House, Pine Bluff

Crittenden County:

1. Funded Treatment Programs: East Arkansas Substance Abuse Program, West Memphis (outpatient services)
2. Non-Funded Treatment Programs (none)
3. Prevention Services Providers (none)
4. DASEP Programs: Counseling Services of Eastern Arkansas, West Memphis

Phillips:

1. Funded Treatment Programs: Phillips County Substance Abuse Treatment Services, Helena (outpatient)
2. Non-Funded Treatment Programs (none)
3. Prevention Services Providers: Phillips County Adolescent Health Promotion, Alcohol, Tobacco, and Other Drug Coalition, Helena
4. DASEP Programs (none)

Mississippi County:

1. Funded Treatment Programs: Blytheville Outpatient Clinic (outpatient)
2. Non-Funded Treatment Programs (none)
3. Prevention Services Providers (none)
4. DASEP Programs (none)

Union County:

1. Funded Treatment Programs: South Arkansas Substance Abuse, Inc. (residential and outpatient; partial day treatment; detoxification)
2. Non-Funded Treatment Programs (none)
3. Prevention Services Providers: Region 11 Prevention Resource Center, El Dorado; Boys and Girls Club of El Dorado; Tremendous Opportunities for Union County Health Touch Coalition
4. DASEP Programs (none)

Woodruff County:

1. Funded Treatment Programs: (none)
2. Non-Funded Treatment Programs (none)
3. Prevention Services Providers (none)
4. DASEP Programs (none)

Monroe County:

1. Funded Treatment Programs: Monroe County Substance Abuse Treatment Services, Brinkley (outpatient)
2. Non-Funded Treatment Programs (none)
3. Prevention Services Providers (none)
4. DASEP Programs (none)

VI. Summary of Needs Assessment Results

Data collected for this needs assessment help describe a number of problems at both the state and local level. Several challenges were faced in acquiring these data. The most basic challenge involved development of relationships with those in charge of data at agencies not familiar to MCH personnel. Other specific challenges included procuring crime data at the county level; in Arkansas these data are usually reported at the level of municipality, or county-wide for law enforcement outside of municipalities (e.g. sheriff's offices). Therefore a special report had to be generated to attempt to capture all crimes and arrests within a county. As for child maltreatment, a less than timely response by the Division of Children and Family Services within the Department of Human Services precluded a breakdown of substantiated cases into type of maltreatment at the county level (although the data to perform this analysis are believed to be available). Domestic violence data were also largely inaccessible since numbers of incidents are not collected systematically by law enforcement or social service agencies in Arkansas. As stated before, experts within the state recommended examining the number of petitions filed for protective orders on the basis of domestic abuse. From these figures, rates were computed based on county populations. This method may not be entirely valid for comparison purposes, however, as both the willingness and wherewithal to file such petitions may vary markedly among communities.

Data from the needs assessment reveal health and social problems in a number of Arkansas counties, but nine have been deemed to be particularly troubled: Lee, St. Francis, Jefferson, Crittenden, Phillips, Mississippi, Union, Woodruff, and Monroe. Most of these counties are in the Mississippi Delta region, long known to be home to a disproportionate concentration of social maladies. Selection of these at-risk communities was based largely on the required indicators themselves. The population base and number of annual births in the county, either in isolation or in combination with closely adjacent counties, was also factored in to a lesser degree. Counties with fewer resources also moved up the list in terms of priority.

Counties selected as at-risk tend to have fewer services available relative to need. Most of the Delta counties have only maternal-infant nurse home visiting services available, which are limited in scope. Jefferson County probably has the greatest number of home-visiting resources, but given the larger population and poor indicators the need appears to far outweigh the existing effort. Overall, it must also be noted that very few of the home visiting activities currently in place in Arkansas have been evaluated with respect to outcomes. In addition to a relative lack of home visiting services, capacity for substance abuse treatment in the at-risk communities is far below what is needed. Few programs exist in the Delta to provide comprehensive local care for substance abuse, particularly in terms of residential facilities and the mental health services that are so often required to achieve true recovery from addiction.

To help address these needs, Arkansas intends to apply for Affordable Care Act (ACA) funds to support additional home visitation activities within the state. Such funds should help strengthen the existing system and foster further coordination among providers of home visits. Even with the full funding authorized under the ACA during years 4 and 5 of the project, however, it is likely that only a limited number of communities and families will be served. At best the ACA project will serve as a pilot process to further document the beneficial health and social effects of evidence-based home visitation in Arkansas and other states, after which it is hoped that even more funds will be made available.

VII. Assurance of Collaboration

The applicant agency (Arkansas Department of Health -- Title V Program) has continued to work with key stakeholders through the needs assessment process, including the single state agency for substance abuse treatment (Division of Behavioral Health Services -- Office of Alcohol and Drug Abuse Prevention), the State Head Start Collaboration Office, and the state CAPTA agency (Arkansas Children's Trust Fund). Letters of support from all of these entities are provided as Attachment D.