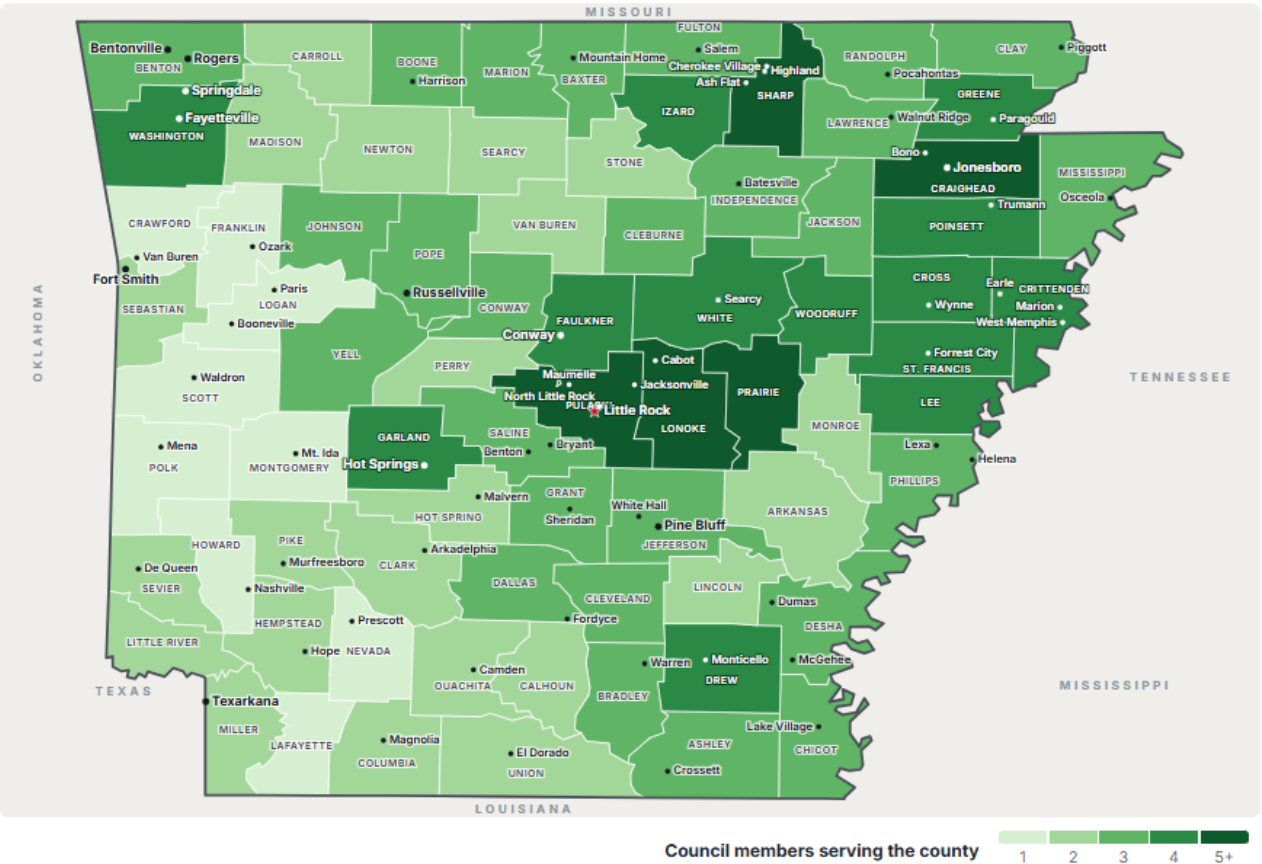


Arkansas Council for Behavioral Health

EXHIBIT D2

AR Council members serve an estimated **40,000** Arkansas children and youth each year through community mental health centers, school-based services, and residential and hospital treatment.

Click any county to see the members that serve it, with their youth services, schools, and office locations. Statewide providers that accept referrals from anywhere are listed under each county.



COUNCIL MEMBERS SERVING YOUTH (20)

- AR Nextstep Counseling Services • Arisa Health • Arkansas Baptist Children's & Family Ministries • Arkansas Counseling & Psychodiagnostics (ACaP)
- Centers for Youth & Families (The Centers) • Changes Behavioral Health • Counseling Clinic, Inc. • Delta Counseling Associates • Families, Inc. • Family Service Agency
- Hope Behavioral Healthcare • Life Strategies of Arkansas • Methodist Family Health • New Beginnings (C.A.S.A.) • Newhaven Counseling & Health Services
- Ouachita Behavioral Health & Wellness • Pinnacle Pointe • Southwest Arkansas Counseling & MHC • Western Arkansas Counseling & Guidance Center • Youth Home, Inc.



Supporting Arkansas Children at Every Level of Care

7,663

Clients served

School-based Services

Bringing behavioral healthcare into schools to address challenges that can interfere with learning, relationships and development.

121

Clients served

Therapeutic Day Treatment

Our Day Treatment programs in Springdale and Siloam Springs partner with schools to help youth develop emotional regulation, social skills and healthy coping strategies, with the ultimate goal of successful reintegration.

7,373

Clients served

Outpatient Services

Individual and family counseling, psychiatric assessments and medication management to support children and adolescents.

72

Clients served

Therapeutic Foster Care

Specialized therapeutic support for children with complex behavioral health needs in trained foster family environments.

16

Clients served

Residential Treatment - Haven

A structured residential treatment environment for adolescent girls ages 12-18 who require a higher level of behavioral healthcare.

Youth mental health: From risk to response

A concise, evidence-grounded strategy for Arkansas policymakers

ANXIETY + DEPRESSION

**Digital experiences can amplify distress—
but timely support can change the response.**

01 UNDERSTAND THE NEED

02 RECOGNIZE EARLY

03 CONNECT TO CARE

Arkansas youth are experiencing significant mental health needs

Keep unlike measures separate: current diagnosed problems ≠ major depressive episode ≠ symptoms.

ANXIETY · AGES 3–17

12.6%

ARKANSAS

11.2% United States

Current diagnosed anxiety problems
2023–2024 NSCH (caregiver report)

DEPRESSION · AGES 12–17

18.3%

ARKANSAS

≈46,000 Arkansas adolescents

Past-year major depressive episode
2023–2024 SAMHSA state estimate

National context: 33.3% of U.S. high school students reported persistent sadness/hopelessness (2025 YRBS).

Frequent online activity is the norm

National estimates; frequency is not itself evidence of harm.

77%

Used social media several times a day or more
U.S. high school students · 2023

36%

Used social media at least hourly
U.S. high school students · 2025

Question for policy

How do we reduce digital harms and recognize distress early without treating all social media use as harmful?

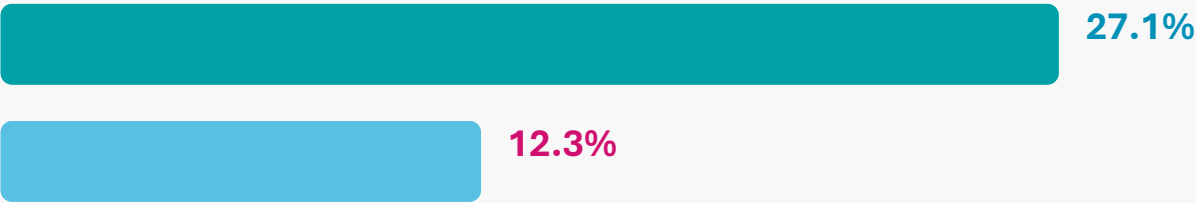
More screen time is associated with more reported symptoms

CDC NHIS-Teen, U.S. ages 12–17, 2021–2023 · recreational screen time, NOT social media specifically.

ANXIETY SYMPTOMS

4+ hours/day

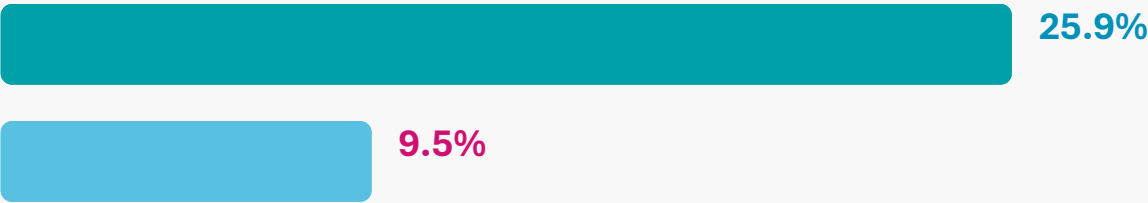
Under 4 hours/day



DEPRESSION SYMPTOMS

4+ hours/day

Under 4 hours/day



ASSOCIATION ≠ CAUSATION | Potential pathways: cyberbullying • social comparison • sleep disruption • exclusion

Source: CDC NCHS Data Brief 513; CDC YRBS 2023

Mental Health First Aid: two audiences, one support network

Training teaches recognition, a supportive response and linkage—not diagnosis or therapy.

ADULTS HELPING YOUTH

YOUTH MHFA

Trains adults who support ages 12–18

Educators • caregivers • coaches • youth-serving staff

Recognize concerns, respond and connect to help

TEENS HELPING PEERS

teen MHFA

Trains high-school students, generally ages 14–18

Notice distress, offer initial support

Involve a trusted adult; do not become the therapist

Peer notices → Trusted adult responds → Youth connects to appropriate care

Teen MHFA improves readiness to help—not clinical outcomes

2023 peer-reviewed U.S. evaluation, matched implementation sample.

1,915

Students included

44

High schools across 24 states

0.57–0.58

Effect size for helpful intentions
(Cohen's d)

What improved

Helping intentions • confidence • perceptions of helpful adults • reduced stigma

Not established: lower population anxiety/depression rates or consistent real-world helping behavior.

Source: Journal of School Health, 2023 (PMID 37424234)

Build a connected response—not isolated programs

The priority is to move from recognizing risk to timely, appropriate support.

01

PREVENT

Digital well-being and safe school environments

02

IDENTIFY

YMHFA and teen MHFA + trusted-adult readiness

03

CONNECT

Referral access, follow-up and crisis pathways

04

TREAT

Outpatient, intensive care and residential reintegration

Measure outcomes: people trained • recognition/confidence • completed referrals • access gaps • youth well-being

Residential Community Reintegration: a defined treatment service

20 CAR § 415-201 · Official Arkansas service definition (faithful summary).

An intermediate level of care between inpatient psychiatric facilities and outpatient behavioral health services.

24/7

Intensive therapeutic care
in small-group-home setting

≤12

Beds per program

2+

Direct-service staff
available at all times

For youth whose emotional/behavioral needs exceed less intensive care; aims to avert hospitalization/incarceration or support step-down. DHS certification and education services required.

Primary sources and verification

Full URLs and methodological caveats also appear in each slide’s presenter notes.

NSCH 2023–24

Arkansas/U.S. diagnosed anxiety prevalence

CDC 2025 YRBS

Persistent sadness / social-media frequency

CDC NCHS Brief 513

Screen time, anxiety and depression

Journal of School Health (2023)

Teen MHFA effectiveness evaluation

SAMHSA 2023–24

Arkansas adolescent major depressive episodes

CDC 2023 YRBS

Frequent social media associations

National Council

Youth / teen MHFA program models

20 CAR § 415-201

Residential Community Reintegration definition