2024 STATE OPIOID RESPONSE
NEEDS ASSESSMENT

Introduction & Background

The Arkansas Department of Human Services (DHS) is actively addressing a critical and growing public health crisis by applying for the State Opioid Response Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). In line with these efforts, DHS released the "Roadmap to a Healthier Arkansas" report in 2023, prioritizing individuals with a substance use disorder (SUD) diagnosis. Arkansas has the second-highest opioid dispensing rate in the country. Currently, it faces the highest maternal mortality rate in the United States, as reported by the Centers for Disease Control and Prevention (CDC). A 2023 study reveals that accidental poisoning, including drug overdose, is now the leading cause of death in the year following childbirth, with significant increases in opioid-related diagnoses at hospital delivery. These alarming statistics highlight the urgent need for targeted interventions, particularly for pregnant and parenting women disproportionately affected by SUDs. This comprehensive plan outlines the strategy for enhancing the care continuum for specialty populations over the next five years.

Key Findings

Scope

- Arkansas Department of Health (ADH) data indicates that the state methamphetamine-related death rate for 2021 was 5.3 deaths per 100,000 people. Counties with the highest rates were Cross (17.8), Hot Spring (15.1), and Izard (14.7).
- In 2022, Arkansas had the second highest opioid prescription rate in the country, with 72.2 per 100 persons, placing it second behind Alabama (74.5), according to the CDC. The national rate in 2022 was 46.8.
- In 2022, Arkansas had the third-highest rate of methamphetamine use in the country among all age groups, according to the National Survey on Drug Use and Health (NSDUH).

Service Needs

- In Arkansas, 18 out of 75 counties, primarily located in the delta region, fall into the highest vulnerability category for the Social Vulnerability Index (SVI).
- Arkansas has the nation's third highest Maternal Vulnerability Index (MVI) score.
- According to March of Dimes, nearly half (45.3%, n=34) of the counties in Arkansas are maternity care deserts. Maternity care deserts primarily exist in the state's south-central, east-central, and west-central areas.
- Arkansas has the highest maternal mortality rate in the country, with 43.5 deaths per 100,000 live births from 2018 to 2021, according to the CDC, nearly double the national rate of 23.5.

Prevalence

- According to the Arkansas Center for Health Improvement (ACHI), Commercially Insured Beneficiaries had the lowest percentage of 30-day Emergency Room and Inpatient Readmissions for those with a primary diagnosis of substance use disorders from 2020-2022 with 12.8% and 11.7% respectively. Medicaid PASSE beneficiaries had the highest rates, with 28.8% for ED readmissions and 30.5% for inpatient readmissions.
- There were 142.8 EMS naloxone administrations per 100,000 people in 2022. This is up from 136.8 seen in 2021.
- In 2023, there were 258 criminal drug-related charges among youth. This is a 24.6% increase from 2022 (n=207). Charges in Benton County increased from 11 in 2022 to 38 in 2023, a

245.5% increase. Charges in Saline County nearly doubled from 2022 (n=17) to 2023 (n=30), while many counties in central Arkansas decreased.

Opioid Treatment Providers and Other Services

- Before the removal of the DATA Waiver, Arkansas increased the number of DATA Waived Practitioners from 364 in August 2020 to 581 in July 2022.
- In 2022, 12,255 individuals were in treatment for substance abuse.
- There are currently only 28 Certified Prevention Providers in Arkansas, and regions 7 and 13 have no Certified Prevention Providers.
- There are 348 currently active Peer Recovery Specialists in Arkansas.

Existing Activities

- At the conclusion of FFY2024, all Arkansas counties will have received SAMHSA funding.

Methods

To conduct a comprehensive needs assessment for the SAMHSA State Opioid Response (SOR) Grant, we gathered information from state-level databases, national surveys, and healthcare utilization records. Each source provided unique insights into opioid use, misuse, treatment, and related consequences in Arkansas. Data collection involved formal requests and data-sharing agreements to ensure privacy and security. Once integrated into a central database, the data were cleaned to remove duplicates, correct errors, and handle missing values, ensuring quality through descriptive statistics. Arkansas data were compared with national trends to contextualize findings and highlight state-specific concerns.

Results

Scope

The most recent provisional rates from ADH indicate that there were 202 **all-drug overdose deaths** in Arkansas from January – July 2023. In the last full year of data, 2022, there were 487 all-drug overdose deaths, and Calhoun (37.7), Poinsett (35.0), and Garland County (33.9) had the highest rates per 100,000 people. Arkansas reported 306 **opioid overdose deaths** between December 2022 and December 2023. This represents a 13.8% decrease from December 2021 to December 2022's 355 opioid overdose deaths. Nationwide, there was only a 3.0% decrease, in line with the decrease in all-drug overdose deaths. ADH data indicates that the state **methamphetamine-related death** rate for 2021 was 5.3 deaths per 100,000 people. Counties with the highest rates were Cross (17.8), Hot Spring (15.1), and Izard (14.7).

Provisional data from ADH indicate that there were 2,260 **all-drug non-fatal overdoses** from January to July 2023. In 2022, there were 3,837 all-drug non-fatal overdoses. Poinsett (512.5), Phillips (411.9), and Independence County (409.9) had the highest number of non-fatal overdoses per 100,000 people.

In 2022, Arkansas had the second highest **opioid prescription rate** in the country, with 72.2 per 100 persons, placing it second behind Alabama (74.5), according to the CDC. The national rate in 2022 was 46.8. According to the Prescription Drug Monitoring Program (PDMP), the state opioid prescription rate in 2022 was 71.7, similar to the 72.2 rate obtained by the CDC using a different methodology.

According to NSDUH, the rates of **SUD** for Arkansans were consistently among the lowest in the country. 15.8% of individuals aged 18 and older had SUD. The rate of Arkansans who received substance use treatment in the past year was ranked eighth across all reported age

groups. Close to 5.9% of Arkansans received substance use treatment during 2022. Across all age groups, approximately 20% of Arkansans reported being classified as needing substance use treatment in the past year.

4.2% of Arkansans aged 26 and older reported **pain reliever misuse** in the past year, which is higher than the national rate (3.2%). 2.3% of Arkansans over 17 reported being diagnosed with pain reliever use disorder in the past year. This is higher than the national rate (2.0%).

Rates of **opioid misuse** in Arkansas were consistently in the top ten highest rates in the country among all age groups. 4.1% of adults reported misusing opioids in the past year. Across all age groups, Arkansas ranked 15th for individuals who reported being diagnosed with opioid use disorder in the past year. Rates in Arkansas were consistently higher than national rates.

According to NSDUH, Arkansas has the third-highest rate of **methamphetamine use** in the country among all age groups. Unlike methamphetamine use, cocaine use in Arkansas consistently ranks near the bottom across all age groups.

According to the Arkansas Prevention Needs Assessment Survey (APNA), **heroin use (past 30 days)** dropped from 0.2% of students in 2019-2020 to 0.1% in 2020-2021 and has stayed at 0.1% since then. **Prescription drug use (past 30 days)** peaked during 2021-2022 (2.7%). From 2019-2023, **lifetime heroin use** by students remained at or below 0.5% for the state. In 2022-2023, only three counties, Scott (1.7%), Little River (1.3%), and Cross (1.0%), reported that 1.0% or more of students had ever used heroin. **Lifetime prescription drug use** peaked at 5.6% in 2019-2020. In 2022-2023, it was 4.3%.

The Arkansas **Collegiate Substance Use Assessment (ACSUA)** is a web-based survey of Arkansas's public and private 2-year, 4-year, and postbaccalaureate institutions. According to the 2023 survey, of those who misused prescription drugs during the past 30 days, the most common response was 1-2 times for prescription opioids (1.5%) and 6-9 times for other people's prescriptions (1.0%). The most common age of first use of all drugs was 16 to 20 for all drugs except for inhalants, which was 11 to 15. The most common substance used in the last 30 days was amphetamines (3.8%), with 6-9 times being the most common (2.6%).

According to ADH's **Neonatal Abstinence Syndrome (NAS)** in Arkansas 2000 – 2021 report, the rate of NAS diagnosis in Arkansas increased nearly seventeen-fold between 2000 and 2021. In 2021, the increase continued to a new high of 5.1 per 1,000 births. Lafayette County had the highest rate in the state at 76.9. Thirty-one counties had zero reported cases of NAS.

The Division of Children and Family Services (DCFS) keeps track of referrals that fall under **Garrett's Law**. According to DCFS, Garrett's Law added two additional circumstances that met the conditions of child neglect: 1) the presence of an illegal substance in a newborn's system due to the mother's knowing use of the substance; 2) and the newborn having a health problem due to mother's usage of illegal substances prior to birth. In 2023, there were 1,525 Garrett's Law Referrals.

Service Needs

Arkansas's **population** is 3,011,524, making it the 33rd most populated state, most of which is White (78.5%) followed by Black or African American (15.6%), Two or More Races (2.4%), Asian (1.8%), American Indian and Alaska Native (1.1%), and Native Hawaiian and Other Pacific Islander (0.5%). Hispanic or Latino ethnicity is 8.6% of Arkansas's population.

The CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) **SVI** is a tool to identify and measure communities facing social vulnerability. Counties with a high SVI have lower socioeconomic status household characteristics, such as a higher percentage of single-

parent households, a higher proportion of minorities, and more vulnerable housing. In Arkansas, 18 out of 75 counties, primarily in the delta region, fall into the highest vulnerability category.

According to the CDC, in 2020, counties with greater **income inequality** saw overdose death rates for Black individuals more than double those in counties with less income inequality. Among older Black men, the overdose death rates were nearly seven times higher than those for older White men. Additionally, U.S. Census data shows that 16.8% of Arkansas residents live in **poverty**, which is higher than the national average of 11.5%.

79.3% of total drug overdose deaths in Arkansas were whites compared to 63.0% nationally, and 16.1% were Blacks compared to 19.2% nationally. These **racial disparities** are like those seen in Arkansas's Naloxone Reporting tool that collects all grant-funded naloxone administrations. Since 2018, 85.8% of naloxone administrations were white, and 12.0% Black.

The 2024 edition of the County Health Rankings & Roadmaps report, an annual report ranking U.S. counties based on **health outcomes and health factors**, indicated ongoing gaps between urban and rural regions in Arkansas. Counties in northwest Arkansas, Benton and Washington, ranked first and second in the state, and the lowest ranks went to those in the delta region, with Phillips at 75th and Lee at 74th.

The United States **Maternal Vulnerability Index (MVI)** identifies counties where mothers are vulnerable to poor health outcomes. Arkansas had the third highest MVI in the nation. Lee County, Jackson County, and Desha County had the highest MVI scores in the state. According to March of Dimes, **maternity care deserts** are U.S. counties with limited or no access to maternity care services, defined by the absence of hospitals, birth centers, and lack of obstetric providers. Nearly half (45.3%, n=34) of the counties in Arkansas are a maternity care desert.

In 2022, there were a total of 275 **infant deaths** (i.e., infants less than one year of age) in Arkansas. Garland (n=10), Sebastian (n=11), Crittenden (n=13), Craighead (n=15), Benton (n=16), Washington (n=23), and Pulaski (n=37) counties each had over ten infant deaths. Twelve counties did not report any infant deaths in 2022.

According to data from the KFF, Arkansas had the highest **maternal mortality** rate per 100,000 live births (2018-2021). Arkansas's rate (43.5) is nearly twice the national rate (23.5).

Data from the CDC shows that the incidence of **children being born underweight** has remained generally consistent between 2018 and 2022. 2019 saw the lowest rate in this time period at 92.4 per 1,000, while 2020 had the highest rate at 96.1. The rate of **child mortality** (i.e., deaths of children aged one to 14) per 100,000 children in Arkansas was 27.9 in 2022, which is the second highest rate in the nation. The national rate in 2022 was 18.8. According to the CDC, babies born too early, specifically before 32 weeks, have higher rates of death and disability. Behavioral characteristics that increase the likelihood of **preterm birth** (i.e., before 37 weeks of pregnancy) include using tobacco and drugs. In 2022, Arkansas had the sixth-highest preterm birth rate in the nation (11.8%). The national rate was 10.4%.

According to data collected by ADH, the **adolescent pregnancy** rate in Arkansas remained consistent between 2018 and 2020. Then, between 2020 and 2022, the rate did decrease by 12%. Data from ADH shows that the rate of **births to mothers ages 10-17** per 1,000 girls ages 10-17 has been in decline for at least four years between 2018 and 2022 in Arkansas. In this period, the rate has decreased by 25%. Data was unavailable for 2021.

The **Supplemental Nutrition Assistance Program (SNAP)** covered 199,175 children between the ages of 0 and 18 in Arkansas in 2022, a rate of 269.2 per 1,000 children. Phillips (652.5), Lee (602.7), and St. Francis County (580.3) had the highest rates of children on SNAP.

In 2022, 5,117 children in Arkansas were victims of **child maltreatment**, resulting in a rate of 7.3. Counties in northeast Arkansas had the highest rates of child maltreatment: Izard (19.9), Greene (16.4), and Poinsett (15.0). Mississippi County had the lowest rate (3.6).

According to 2021 **Pregnancy Risk Assessment Monitoring System (PRAMS)** data, 46.2% of women reported having Medicaid/SCHIP for prenatal care (sixth-highest), higher than the national rate (35.3%). Since such a high percentage of women depend on state funding for these services, DHS programs funded through SAMHSA are crucial. 9.6% of women reported not having insurance during postpartum, which is higher than the national rate (6.3%). Additionally, 41.6% of women reported having Medicaid/SCHIP during postpartum, the fifth-highest rate.

Prevalence

Thirty-day hospital readmissions are a key healthcare quality metric, indicating potential adverse patient outcomes and increasing costs for patients, hospitals, and insurers. Between 2020 and 2022, commercial beneficiaries had the lowest **ED readmission** rate at 12.8% and **inpatient readmission** rate at 11.7%. Medicaid PASSE beneficiaries had the highest rates, with 28.8% for ED readmissions and 30.5% for inpatient readmissions. Outpatient follow-up was more common after inpatient stays than ED visits, with 49.0% of inpatient stays followed up at 120 days compared to 31.5% of ED visits.

From 2020-2022, the most common **primary diagnosis for SUD** was alcohol-related, accounting for 41.0% of **ED visits** and 48.8% of **inpatient stays**. Other substance-related disorders were the second most common for ED visits (24.4%), while stimulant-related disorders ranked second for inpatient stays (20.4%). By 120 days, other specified substance-related disorders had the highest follow-up rate after ED visits (32.6%), followed by alcohol-related disorders (31.6%). For inpatient stays, opioid-related disorders had the highest follow-up rate (54.6%), followed by alcohol-related disorders (51.6%). Follow-up rates for all SUDs were at least 10% higher after inpatient stays compared to ED visits.

Starting in 2016, the Criminal Justice Institute (CJI) was contracted by DHS under various SAMHSA grants (PDO, STR, SOR, SOR-II, SOR-III, and FR-CARA) to distribute **naloxone kits** to first responders, school nurses, and librarians. In 2022, ACHI received SOR-III funding to provide naloxone to Arkansas hospitals for discharge to patients or caregivers at risk of overdose. AFMC developed the **Arkansas Naloxone Reporting Tool** in 2016 using REDCap software to track grant-funded naloxone administrations, including location and demographic data. This tool now includes reports from all SAMHSA-funded naloxone programs and other funding sources, such as Blue Cross Blue Shield and the Central Arkansas Harm Reduction Project. As of June 10, 2024, there have been 1,443 reported **grant-funded naloxone saves** (opioid overdose reversals), with the highest concentration in central Arkansas.

According to ADH, there were 142.8 **EMS naloxone administrations** per 100,000 people in 2022, up from 136.8 in 2021. Mississippi and Phillips counties have the highest administration rates, with 383.6 and 351.2, respectively.

Arkansas DYS provides data on various substance use-related issues among youth, including criminal drug-related charges. In 2022, there were 207 **criminal drug-related charges among youth**. Counties in the central and northwest regions of the state had the most charges. In 2023, there were 258 criminal drug-related charges among youth. This is a 24.6% increase from 2022.

Adult and juvenile arrest data was obtained from the Arkansas Crime Information Center (ACIC). General **arrests for drug/narcotic violations** in Arkansas saw a sharp decline in 2020, likely due to measures in place during the pandemic. However, arrests for both groups have been

increasing since then. Juvenile arrest rates were higher than pre-pandemic levels in 2022, nearly an 80% increase in both the rate and total number since 2020.

The rate of **cannabis-related arrests** has been decreasing steadily for adults since 2019, from 4.8 per 1,000 adults at its height to 3.5 in 2022. Juvenile arrests initially decreased between 2019 and 2020 but have been increasing since. Like all drug/narcotics arrests, by 2022, more juveniles in total and proportionally had been arrested in relation to cannabis than in 2019. Regarding **prescription drug-related arrests**, the rate for adults has been fluctuating year by year but may be trending downward. Adult arrests peaked in 2021 (0.6, n=1,349). Meanwhile, juvenile arrests have been stable post-pandemic at a rate of about 0.1.

Arrests for **driving under the influence (DUIs)** decreased in 2020. In the case of adults, there has been a marked increase back to pre-pandemic levels since then, with a spike in 2022. For juveniles, this upward trend is not as present, as rates and totals continued to decrease into 2021, but in 2022, there was one more arrest than in 2020.

Opioid Treatment Providers and Other Services

Since 2018, the state has aimed to increase access to treatment for Opioid Use Disorder (OUD) through evidence-based practices, such as Medication Assisted Treatment (MAT) through the State Targeted Response (STR) to the Opioid Crisis and State Opioid Response (SOR) grants. Arkansas currently has eight state-funded **substance abuse treatment contractors**, each responsible for an area of the state.

In August 2020, when the state began to focus on recruiting more **DATA Waived Practitioners** through the SOR II grant, Arkansas had 364; in July 2022, that number was 581.

Treatment data collected by ADMIS indicates that in 2022, 12,255 **individuals were in treatment for substance abuse**. 98.5% of these individuals were 18 and older. The counties with the largest percentage of clients under 18 were Washington (19.4%), Scott (12.8%), and Drew County (10.6%). Pulaski (17.6%), Sevier (7.6%), and Washington County (6.1%) had the most clients among those 18 and older.

In 2022, there were 375 people committed to **youth service centers**, according to DYS.

DHS and UA Little Rock MidSOUTH established the 13 **regional prevention providers** to promote alcohol, tobacco, and other drug prevention efforts at the regional, county, and community levels. Arkansas has 28 Certified Prevention Providers, 16 Certified Prevention Consultants (CPC), and 12 Certified Prevention Specialists (CPS).

According to the May 2024 Arkansas Peer Recovery Coordinating Council Report, there are 348 currently active **Peer Recovery Specialists** in Arkansas.

There are twelve **Community Mental Health Center Regions and Centers (CMHCs)** that cover 12 regions in Arkansas. With the co-occurrence between substance abuse and mental health, there is an overlap in essential services and state-funded substance abuse treatment centers and CMHCs. CHMCs include Counseling Associates, Arisa Health, Inc., and Southwest Arkansas Counseling and Mental Health Center.

Existing Activities

<u>DHS Activities</u>

The DHS Division of Aging, Adult, and Behavioral Health Services (DAABHS) received SAMHSA funding in September 2016 for the Arkansas Prescription Drug/Opioid Overdose (PDO) Prevention Program, which ran until 2021. Activities included forming an advisory workgroup, conducting a statewide needs assessment, providing naloxone training and distribution, and implementing local health literacy initiatives. From 2018 to 2020, the State

Targeted Response (STR) to the Opioid Epidemic expanded overdose prevention efforts, trained families and healthcare providers, increased access to OUD treatment, and provided recovery support. The State Opioid Response (SOR) program, funded from 2019 to 2020, aimed to increase access to MAT for OUD, especially in rural areas, reduce unmet treatment needs, support prevention and recovery activities, and modernize the DAABHS data-collection system with Web Infrastructure Treatment Services (WITS). SOR II (2021-2022) and SOR III (2023-2024) continued these efforts, focusing on increasing MAT access, reducing opioid overdose deaths, and addressing stimulant use disorder, including cocaine and methamphetamine misuse. Additionally, the First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) from 2020 to 2024 provided naloxone training, distribution, and local health literacy activities.

Additional Opioid Activities

Arkansas received master settlement funding from the National Prescription Opiate Litigation. The settlement funding was split evenly between the Arkansas Municipal League, the Arkansas Association of Counties, and the Office of the Attorney General. In 2022, the Arkansas Municipal League and the Arkansas Association of Counties came together to create the Arkansas Opioid Recovery Partnership (ARORP). Programs funded by ARORP include the creation of a state Naloxone Bank, taskforces, coalitions, and wraparound services. A complete list of programs can be found on their website. Additional information on the Attorney General's efforts can be found on the Attorney General's website.

Recommendations

- Continue to support and promote the Arkansas PDMP.
- Continue to fund efforts to expand community-based models that are safe and affordable for high-risk women and address workforce challenges.
- Increase the number of certified prevention providers.
- Review best practices for certification of peer recovery specialists to increase peer recovery specialists and continue to support recovery programs.
- Engage peer recovery specialists for OUD patient follow-up. Utilize closed-loop referral software tools to support peer recovery specialists for OUD patient follow-up.
- Utilize the recommended harm reduction strategies outlined by SAMHSA.
- Continue prevention and education efforts on substance misuse during pregnancy.
- Focus prevention efforts on individuals aged 16 to 20 and younger.
- Create a centralized data hub to bring data together to create important data linkages and predictive data models.
- Continue identifying avenues for county-level and below demographic and OUD data collection and availability.

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Naloxone Distribution and Saturation Plan

Data Sources and Saturation Estimates

Arkansas has set the goal of a naloxone present at 100% of witnessed overdoses. Arkansas' Naloxone Distribution and Saturation Plan is a hybrid model based on the methodologies of Bird et al. (2015)[1] and Irvine et al. (2022)[2] using EMS Naloxone administration and opioid-related death data from the Arkansas Department of Health to determine the saturation goal and rate of distribution by county. In 2022, Arkansas had the second highest opioid prescription rate in the country with 72.2 prescriptions per 100 persons. The national rate in 2022 was 46.8 per 100 persons. A hybrid model using EMS Naloxone administrations was therefore used to include opioid-related misuse that did not result in death.

Estimated Supply Gap

Of the 75 counties in Arkansas, 61 have reached 100% saturation. The remaining 14 are all within a saturation range of 50-99%. OSAMH will use coalition partnerships to identify the needs and mitigate barriers to reach underserved populations, including mothers and pregnant women, rural populations, justice-involved populations, and other minorities.

Communication Plan

Stakeholder Group	Communication Method	Frequency	Message	Responsible Party
Community Health Workers, Hospitals, and Treatment Providers	Training Sessions, Email, Flyers	Monthly	Importance of naloxone, how to administer it, and resources for obtaining it	OSAMH, ORN, Sub-grantees
Local Nonprofits including AA, NA, and RCOs	Meetings, Email, Social Media	Bi-Weekly	Partnership opportunities, naloxone training sessions, and distribution events	Program Director
Faith-based Organizations	Workshops, Newsletters, Sermons	Monthly	Addressing opioid crisis, naloxone availability, and reducing stigma	Community Outreach Coordinator
Courts, jails, and law enforcement	Training Sessions, Email, Flyers	Monthly	Naloxone distribution and Increased risk of overdose upon re-entry,	OSAMH, ORN, Sub-grantees
Homeless Shelters and Transitional Living Housing	In-person visits, Posters, Pamphlets	Weekly	Information on naloxone, how to use it, and where to get it for free	Outreach Workers, PRSS
Youth Centers, Schools, and Universities	Emails, School Assemblies, Newsletters	Monthly	Educating on opioid risks, naloxone training, and distribution locations	School Health Coordinators
Local Media (Radio, TV)	Public Service Announcements, Interviews	Bi-Monthly	Raising awareness about the opioid crisis, naloxone availability, and events	Communications Team
General Public	Social Media, Community Events, Flyers	Ongoing	Information on opioid risks, naloxone training, and free distribution points	Public Health Campaign Team

[1] Bird SM, Parmar MK, & Strang J (2015). Take-home naloxone to prevent fatalities from opiate-overdose: protocol for Scotland's public health policy evaluation, and a new measure to assess impact. Drugs: education, prevention and policy, 22, 66–76.
[2] Irvine, M. A., Oller, D., Boggis, J., Bishop, B., Coombs, D., Wheeler, E., ... & Green, T. C. (2022). Estimating naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study. The Lancet Public Health, 7(3), e210-e218.

Targeted Distribution Strategy

Arkansas's distribution plan for SOR IV will continue efforts to reach saturation and utilize GIS heat map analysis to identify overdose hotspots by county. The implementation phase of the plan will first prioritize reaching the 14 undersaturated counties and then concentrate on specific areas of need. OSAMH will partner with an outside vendor to supply, train, market, and plan distribution in collaboration with the prevention provider network. Naloxone will be available through vetted local access points across the thirteen designated prevention regions. An outside vendor will review, monitor, and refill supplies as needed. An outside vendor will manage individual requests through mail order services and distribute naloxone directly to individuals at high risk, focusing on small orders reaching rural areas. OSAMH will produce, standardize, and update comprehensive training for individuals and organizations on how to administer naloxone effectively, utilizing peer-to-peer health educator programs when possible.

Partnerships

OSAMH will collaborate with the Arkansas Department of Health, the Arkansas Opioid Recovery Partnership which is the non-profit organization managing the pharmaceutical settlement dollars, and the Arkansas Department of Higher Education, which manages Act 811 compliance in colleges and universities, to streamline and avoid duplication of efforts.

OSAMH will coordinate to increase Naloxone access to its prevention, treatment and recovery providers to support distribution across the continuum of care. OSAMH will collaborate with community entities including, but not limited to, recovery groups, faith-based organizations, military support organizations, and nationally recognized groups specializing in the best practices of saving and protecting lives.

Budget

The estimated budget will be $250,000 of the SOR grant, which will go towards Naloxone procurement, distribution including transportation and storage, and program operational costs. The operational costs will include funds for training, outreach, and data analysis. Current bulk pricing for a two-dose kit of Naloxone is approximately $33.

Timeline

Assessment (Months 1-3)	Implementation (Months 4-12)	Evaluation (Duration)
● Conduct data analysis and update saturation map. ● Assess current naloxone supply and identify gaps. ● Establish coalition/advisory committee partnerships.	● Launch targeted distribution efforts in high-risk areas. ● Roll out communication campaigns. ● Provide training sessions for naloxone administration.	● Monitor naloxone saturation levels and administrations. ● Adjust strategies based on feedback and data analysis. ● Prepare a final report with recommendations for future efforts.
● Responsible Staff - OSAMH	● Responsible Staff – OSAMH & Sub-grantees	● Responsible Staff – OSAMH & Sub-grantees