SF 424

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Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
❍ Preapplication	● New	
● Application	❍ Continuation	* Other (Specify)
❍ Changed/Corrected Application	❍ Revision	

* 3. Date Received:	4. Applicant Identifier:
07/01/2024	JShuler

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
TI-24-008	State Opioid Response Gra

State Use Only:

6. Date Received by State:	07/01/2024	7. State Application Identifier:	Arkansas

8. APPLICANT INFORMATION:

* a. Legal Name:	Arkansas Department of Human Services

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. UEI:
71-6007389	LCKYDJ3SJZY7

d. Address:

* Street1:	PO Box 1437
Street2:	Slot W241
* City:	Little Rock
County/Parish:	
* State:	AR: Arkansas
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	72203-1437

e. Organizational Unit:

Department Name:	Division Name:
Arkansas Department of Human S	OSAMH

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	Mrs.	* First Name:	Jennifer
Middle Name:	Diane		
* Last Name:	Shuler		
Suffix:			

Title:	Assistant Director

Organizational Affiliation:
Arkansas DHS

* Telephone Number:	5015344018	Fax Number:	

* Email:	jennifer.shuler@dhs.arkansas.gov

Tracking Number: Opportunity Number: . Received Date:

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse and Mental Health Services Adminis

11. Catalog of Federal Domestic Assistance Number:

93.788

CFDA Title:

Opioid STR

*** 12. Funding Opportunity Number:**

TI-24-008

* Title:

State Opioid Response Grants

13. Competition Identification Number:

TI-24-008

Title:

State Opioid Response Grants

14. Areas Affected by Project (Cities, Counties, States, etc.):

File Name:

*** 15. Descriptive Title of Applicant's Project:**

Arkansas State Opioid Response

Attach supporting documents as specified in agency instructions.

File Name:

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: AR-002 * b. Program/Project: AR-002

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/29/2024 * b. End Date: 09/29/2027

18. Estimated Funding ($):

* a. Federal	10,647,596.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	10,647,596.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

❍ a. This application was made available to the State under the Executive Order 12372 Process for review on .

● b. Program is subject to E.O. 12372 but has not been selected by the State for review.

❍ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)**

❍ Yes ● No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☑ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mrs. * First Name: Jennifer

Middle Name: Diane

* Last Name: Shuler

Suffix:

* Title: Assistant Director

* Telephone Number: 5015344018 Fax Number:

* Email: jennifer.shuler@dhs.arkansas.gov

* Signature of Authorized Representative: Completed on submission to Grants.gov * Date Signed: 07/01/2024

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1 . SOR	93.788			$10,647,596.00		$10,647,596.00
2 .						$0.00
3 .						$0.00
4 .						$0.00
5. Totals		$0.00	$0.00	$10,647,596.00	$0.00	$10,647,596.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) SOR	(2)	(3)	(4)	
a. Personnel	$582,607.00				$582,607.00
b. Fringe Benefits	$221,393.00				$221,393.00
c. Travel	$39,156.00				$39,156.00
d. Equipment	$0.00				$0.00
e. Supplies	$0.00				$0.00
f. Contractual	$8,813,827.00				$8,813,827.00
g. Construction	$0.00				$0.00
h. Other	$22,650.00				$22,650.00
i. Total Direct Charges (*sum of 6a-6h*)	$9,679,633.00				$9,679,633.00
j. Indirect Charges	$967,963.00				$967,963.00
k. TOTALS (*sum of 6i and 6j*)	$10,647,596.00				$10,647,596.00
7. Program Income	$0.00				$0.00

Standard From 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

Tracking Number:

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8 . SOR		$0.00			$0.00
9 .					$0.00
10 .					$0.00
11 .					$0.00
12. TOTAL (sum of lines 8-11)		$0.00	$0.00	$0.00	$0.00
SECTION D - FORECASTED CASH NEEDS					
13. Federal	**Total for 1st Year**	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
	$10,647,596.00	$2,661,899.00	$2,661,899.00	$2,661,899.00	$2,661,899.00
14. Non-Federal	$0.00				
15. TOTAL (*sum of lines 13 and 14*)	$10,647,596.00	$2,661,899.00	$2,661,899.00	$2,661,899.00	$2,661,899.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program		FUTURE FUNDING PERIODS (Years)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16 . SOR		$10,647,596.00	$10,647,596.00	$10,647,596.00	
17 .					
18 .					
19 .					
20. TOTAL (*sum of lines 16-19*)		$10,647,596.00	$10,647,596.00	$10,647,596.00	$0.00
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks:					

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Tracking Number:

Opportunity Number: . Received Date:

ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
Expiration Date 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis- Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93- 205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Completed on submission to Grants.gov	Assistant Director
* APPLICANT ORGANIZATION	* DATE SUBMITTED
Arkansas Department of Human Services	07-01-2024

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Project Abstract Summary

Funding Opportunity Number: TI-24-008

CFDA(s): 93.788

Applicant Name: Arkansas Department of Human Services

Descriptive Title of Applicant's Project:
Arkansas State Opioid Response

Project Abstract:

Arkansas, like many states, faces a pressing need to expand access to evidence-based prevention, treatment, and recovery support services for individuals affected by opioid use disorders (OUDs) and other substance use disorders (SUDs), especially for underserved populations including mothers and pregnant women, rural populations, justice-involved populations, and other minorities. The Office of Substance Abuse and Mental Health (OSAMH) in the Arkansas Department of Human Services (DHS) proposes to address these critical gaps in the State through the implementation of the State Opioid Response (SOR) IV grant. The OSAMH SOR IV project will help expand an infrastructure across the continuum of care for SUDs through multifaceted approaches in prevention, treatment, and recovery. The OSAMH SOR IV project expects to serve over 5250 individuals (1750 individuals annually) by providing prevention services through targeted outreach to raise awareness about substance misuse, prevention strategies, and available resources to reduce misuse and overdoses. This will include culturally and linguistically appropriate educational materials, workshops, and presentations as well as provision of health protective measures such as opioid reversal agent training and distribution. An estimated 1200 individuals (400 individuals annually) will receive treatment funded by the OSAMH SOR IV project. There will be a focus on addressing the treatment needs of those in rural areas and minorities. SOR IV funding will be braided with other government funding to address the specialized needs of mothers and pregnant women in treatment. In addition, by establishing and strengthening partnerships with healthcare providers, community-based organizations, and local agencies, this project aims to improve training for the treatment workforce and the sustainability of substance use services through Medicaid services. To promote sustained recovery and mitigate the shortage of housing for individuals new to recovery, this project also will work towards increasing the number of certified recovery residences in the State, bolster the peer workforce, and better integrate peer services into all aspects of prevention, treatment, and recovery. Over 1200 individuals in the entire continuum of care (400 individuals annually) will receive peer recovery support services through this project. Peer recovery support specialists play a pivotal role in linking individuals to ongoing treatment and community resources. By centralizing funding and training, implementing national accreditation, and emphasizing the need for ongoing revenue, the project hopes to provide more stability and sustainability to the peer workforce in Arkansas. Rigorous data collection and analysis will be conducted to assess the impact of interventions, identify ongoing barriers to care and inform continuous quality improvement efforts. This will ensure that strategies are evidence-based and responsive to the needs of target populations. Advocacy efforts will focus on advocating for policy changes and systems improvements that support increased access for all to treatment and recovery services, especially underserved populations. In conclusion, this project represents a crucial step towards alleviating the impact of the opioid crisis in Arkansas by fostering a comprehensive, community-driven approach to prevention, treatment, and recovery for all while also ensuring the State makes meaningful and lasting strides toward equal access for individuals in underserved locations and populations.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

❍ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:	Arkansas DHS
UEI:	LCKYDJ3SJZY7
Street1*:	700 Main St
Street2:	
City*:	Little Rock
County:	Arkansas
State*:	AR: Arkansas
Province:	
Country*:	USA: UNITED STATES
Zip / Postal Code*:	72203-1437
Project/Performance Site Congressional District*:	AR-002

Additional Location(s) File Name:

Section A: Population of Focus and Statement of Need

A. 1

The project is a statewide effort with several targeted populations. According to the 2020 United States Census, Arkansas's population is 3,011,524, making it the 33rd most populated state. Of the 75 counties in Arkansas, 55 are considered rural. Among rural counties, nearly 60 percent have fewer than 20,000 people. Arkansas is in the bottom third in terms of population per square mile at 57.9 compared to the District of Columbia at 11,280.0 and Alaska at 1.3 per square mile. The majority of Arkansas's population 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.[1] Arkansas has a slightly higher proportion of females to males than the United States, with 50.6% and 50.4%, respectively.[2]

A. 2

Rural Areas

The Social Vulnerability Index (SVI), developed by the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) is a powerful tool for identifying and assessing communities facing social vulnerability. This comprehensive index and mapping application takes into account a range of demographic and socioeconomic factors, such as poverty, limited access to transportation, and crowded housing. By analyzing 16 variables from the 5-year American Community Survey (ACS), the SVI can highlight communities in need of support both before and after disasters. The SVI considers themes like socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation, and combines them to provide an overall measure of social vulnerability. County scores ranging from 0.75 to 1 indicate high vulnerability, scores from 0.5 to 0.75 indicate medium to high vulnerability, scores from 0.25 to 0.5 indicate low to medium vulnerability, and scores below 0.25 indicate low vulnerability. For example, in Arkansas, 18 out of 75 counties, mainly in the delta region, fall into the highest vulnerability category, exhibiting characteristics such as lower socioeconomic status, a higher percentage of single-parent households, a larger proportion of minorities, and more vulnerable housing types.

In Arkansas, according to the 2023 County Health Ranking & Roadmaps, 82% of households had a broadband internet connection. This ranged from 58% to 91% of households across counties in the state, which contributes to an increase of tele-health services available in the hard-to-reach areas.

Underserved populations

Startlingly, the CDC's data from 2020 reveals a grim reality: counties with greater income inequality witnessed overdose death rates for Black Arkansans more than double those in other counties. Among older Black men across the United States, the overdose death rates were nearly seven times higher than those for older White men. This disparity is further exacerbated by U.S. Census data, which shows that 16.8% of Arkansas residents live in poverty, a figure higher than

[1] United States Census Bureau. (2021). Arkansas: 2020 Census. Retrieved from United States Census Bureau: https://www.census.gov/library/stories/state-bystate/arkansas-population-change-between-census-decade.html
[2] United States Census Bureau. (2020). QuickFacts. Retrieved from United States Census Bureau: https://www.census.gov/quickfacts/fact/table/US,AR/AGE775222

the national average of 11.5%. The highest poverty rates are concentrated in the Delta and southern regions of the state, where CDC findings suggest an increased potential for overdose death rates among minority populations with greater income inequality.

The data for total drug overdose deaths in 2022, sourced from the CDC WONDER Online Database for Arkansas, was 21.7 per 100,000, lower than the national rate of 32.6 per 100,000. The overdose rate for white Arkansans was 24.2 per 100,000, lower than the national rate of 35.6 per 100,000. The overdose rate for black Arkansans was 22.0. Arkansas's Naloxone Reporting tool, which collects all grant-funded naloxone administrations, reveals a significant disparity: since 2018, 85.8% of naloxone administrations were to white Arkansans, and 12.0% were to black Arkansans. This stark contrast underscores the urgent need for targeted interventions and data collection focusing on health protective measures and overdose rates among racial and ethnic minorities.

Lastly, results from the 2021 and 2022 NSDUHs indicate that homosexual and queer minorities are more likely than their heterosexual counterparts to use substances, experience mental health issues, including major depressive episodes, and experience severe thoughts of suicide. The findings in this report particularly underscore how these issues affect sexual minority groups, who face unique challenges. Data on minority populations, a rising proportion of the state's population, are needed to ensure substance use/misuse interventions account for cultural, racial, and ethnic differences.

Maternal Health

According to the 2023, Arkansas Maternal Mortality Review (AMMR) Committee legislative review, 92% pregnancy related deaths were considered preventable. The AMMR recommended that facilities implement guidelines for assessing the needs of pregnant and postpartum women with complex medical or social issues. It would be beneficial for hospitals to consider employing a social worker or case manage primary role to conduct a psychosocial needs assessment, including social determinants of health, prior to the discharge of delivering women. This could help in identifying potential barriers to care and connecting women to resources and postpartum case management. Educating providers about the importance of a timely social work assessment can ensure better access to health care services for women. Additionally, getting case management involved in all substance use cases and screening for substance use or alcohol use at each visit could be helpful.

The taskforce on maternal health 2024 publication of the *National Strategy to Improve Maternal Mental Health Care* agreed that the perinatal period provides a great opportunity to engage individuals in discussions about their mental health and substance use, as well as other risk factors affecting their overall health and well-being. It's important for pregnant and postpartum women to receive support from healthcare systems and providers to enhance not only their physical health but also their mental well-being. This engagement, with the support of SOR funding, could lead to prevention efforts that are culturally relevant and sensitive to the needs of pregnant and postpartum women, particularly those from under-resourced communities who are at high risk for maternal mental health conditions and substance use disorders. It's crucial to provide patient education and connect individuals to resources and referrals, as this support could potentially change the lives of both the mother and child.

Given that Arkansas has the highest maternal mortality rate in the United States, the following data focus on maternal and child health. While many of the risk factors below are not necessarily directly related to drug overdoses, they can contribute to conditions that increase the

likelihood of substance abuse and overdose incidents. The United States Maternal Vulnerability Index (MVI) identifies counties where mothers are vulnerable to poor health outcomes based on six themes associated with maternal health outcomes.[3] Congenital syphilis is a disease that occurs when a mother with syphilis passes the infection on to her baby during pregnancy. Arkansas experienced a 392% increase, from 13 cases to 64 cases of congenital syphilis from 2017 to 2023. During this time 19 infants died. From 2020-2023 and there were 17 syphilitic stillbirths. In 2023, CDC released US county-level syphilis rates for 2021 which showed Arkansas having 5 of the top 20 counties nationwide for rates of primary and secondary syphilis among women ages 15-44 years. After this report was issued, the Office of the Assistant Secretary of Health with the US Department of Health and Human Services formed the National Syphilis and Congenital Syphilis Syndemic Federal Task Force and named Arkansas a priority jurisdiction of concern. From 2021-2023, there have been 183 congenital syphilis cases with 30% of moms having a positive toxicology screen. Whereas the same time frame there have been a total 626 pregnant women with syphilis. Of those women 9% self-reported drug use during pregnancy.

The Arkansas Department of Human Services (DHS) Division of Children and Family Services (DCFS) keeps track of newborns effected by illegal substances that fall under the State's Garrett's Law. According to DCFS, Garrett's Law added two additional conditions 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 a newborn having a health problem due to the mother's usage of illegal substances prior to birth.[4] In 2023, there were 1,525 Garrett's Law Referrals. Though this continues the decreasing trend from a high of 1,619 in 2021, it still has a significant impact on the child welfare system with 44% of children entering foster care being placed due to parental substance abuse. It is the second highest placement reason.

The rate of neonatal abstinence syndrome (NAS), NAS diagnosis (withdrawal) in Arkansas increased close to seventeen-fold between 2000 and 2021. After decreasing in 2018 and 2019, the NAS rate increased to 3.7 per 1,000 births in 2020. In 2021, the increase continued to a new high of 5.1 per 1,000 births. The overdose death rate was 6.9 deaths per 100,000 mothers in the first six months of 2018 and increased to 12.2 deaths per 100,000 mothers in the latter half of 2021. (ACHI) Due to the alarming intersection of high rates of drug use and syphilis and congenital syphilis cases, neonatal abstinence syndrome (NAS), and overdose deaths among pregnant women in Arkansas, we must prioritize collaborative interventions. 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%). By fostering partnerships across state agencies and other invested agencies, we can effectively address broader health challenges, issues related to coverage, and a (w)holistic approach to wellness faced by these vulnerable populations, ensuring comprehensive care and support for mothers and their infants.

Co-occurring Disorders and Medicaid

When it comes to individuals with mental health needs including substance use disorders (SUD), more than 380,000 Arkansans (roughly 12% of the total population) had at least one

[3] Surgo Ventures. (2022). The US Maternal Vulnerability Index. Retrieved from Surgo Ventures: https://mvi.surgoventures.org/

[4] Division of Children & Family Services Policy & Procedure Manual. https://humanservices.arkansas.gov/wp-content/uploads/Policy-Manual-March-2024.pdf

medical claim with a primary diagnosis of a mental health condition in 2019.[5] This is over 10% lower than the national average of adults with mental illness, suggesting there may be sizable portion of adult Arkansans going completely without diagnosis and treatment or not able to access services for mental health and SUD.[6] 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 11.7% respectively, and Medicaid PASSE had the highest with 30.5% respectively.

Medicaid beneficiaries with co-occurring mental health/SUD conditions, may not be able to access the full continuum of care. A barrier is that traditional Medicaid beneficiaries aged 21 to 64 cannot currently received Medicaid-funded residential substance use disorder treatment, many of them instead visit hospital emergency rooms, seek no treatment, or end up involved in the criminal justice system because of their SUD. Arkansas has requested a waiver of federal rules preventing Medicaid payment for this service through the Centers for Medicare and Medicaid Services and expects to receive approval in Spring 2025.

With a waiver, the landscape for care may shift in Arkansas. Inpatient services for SUDs would be available to Medicaid beneficiaries. Arkansas Medicaid also plans to build out the SUD continuum of services for which Medicaid funds can be used. To support this, OSAMH's focus now becomes getting SUD providers ready to enroll as Medicaid providers and provide reimbursable services through Medicaid. Another requirement to ensure fidelity and authorization of services is American Society of Addiction Medicine (ASAM) criteria. The ASAM criteria is widely utilized and provides comprehensive standards for placing, continuing service, and transferring of patients with addiction and co-occurring conditions. Previously referred to as the ASAM patient placement criteria, it was developed through a collaboration that commenced in the 1980s to establish a national set of criteria for delivering outcome-focused care in treating addiction. This SOR grant serves an opportunity to educate and assist providers in enrolling as a provider and using ASAM criteria before the waiver is approved.

One of the goals of DHS's "Roadmap to a Healthier Arkansas" is to connect populations and individuals to the healthcare resources and services available across the continuum of care. One strategy to achieve this would be to engage peer recovery specialists for OUD patient follow-up. Thirty-day readmission rates in both emergency department and inpatient settings were higher among Medicaid populations. Ensuring patient follow-up and aiding in scheduling primary care appointments could help reduce these 30-day readmissions. Closed-loop referral software tools are available to support the engagement of peer recovery specialists for OUD patient follow-up.

Justice-Involved

According to the Prison Policy Initiative, Arkansas releases roughly 132,988 men and 47,413 women from its prisons and jails each year, and the risk of overdose death is more than 10-fold higher among adults released from prison relative to the general population. The rate of

[5] Arkansas Center for Health Improvement. Arkansas Behavioral Health Landscape Preliminary Analysis. 7/1/2022 p.6.
[6] Arkansas Center for Health Improvement. Arkansas Behavioral Health Landscape Preliminary Analysis. 7/1/2022 p. 56.

opioid overdose is markedly elevated after prison release, particularly in the first two weeks.[7] In women, the higher rate of opioid overdose is mediated by a more significant mental health burden. These complex conditions can be compounded when a person is under criminal justice/correctional supervision or sent to a forensic psychiatric institution. In 2020, the SMI/SED population comprised only 17.5% of Medicaid-enrolled adults and children receiving behavioral health support in Arkansas. Yet, it was and remains one of the highest-cost groups. It is crucial to recognize the need for more support initiatives to ensure successful community reintegration. For those with more intensive behavioral health needs and/or justice-involved individuals with co-occurring conditions, DHS is heavily investing in more stabilization/recovery initiatives in the care continuum to prepare individuals better to transition back to their communities successfully.

In an annual report from the Division of Youth Services, the number of youth (ages 12-21) receiving criminal drug charges has increased dramatically. In 2023, there were 258 criminal drug-related charges among youth, a 24.6% increase from 2022 (n=207). The Arkansas Department of Human Services (DHS) and OSAMH aims to expand the accessibility of evidence-based interventions for youth incarcerated for drug-related crimes. Prevention experts suggest that upstream prevention strategies for opioid misuse should begin with underage drinking prevention programs. Strategically working to delay the age of first alcohol use among students may help prevent the development of opioid use disorders before they start. School-based alcohol prevention programs and early opioid education are ultimately needed to continue the downward trend in substance use among this age group.

Youth and Young Adults aged 16-25

In *2021, Young Adult State of Wellbeing* publication from the Arkansas State Epidemiological Outcomes Workgroup (ASEOW), the population between 18 and 29 years of age represents 15.9 percent of the Arkansas population, which decreased slightly from 16.2 in 2020, and is now like the U.S. distribution (16.1%). According to ASEOW, the percentage of males among both the U.S. and Arkansas the young adult population is slightly higher than that of females. In addition, there is a higher percentage of those aged 18-24 years than 25-29 years. This could be indicative of the fact that up to 33 percent of students enrolled in Arkansas universities and colleges are non-residents, inflating the proportion of the population in the 18-24 age group. Additionally, most graduates from Arkansas colleges and universities, those aged 25-29, tend to relocate to major cities outside of the state. U.S. percentages of young adults are slightly higher across sex and age relative to Arkansas data. According to a 2024 report published by the National Survey on Drug Use and Health (NSDUH), approximately 33.7 percent of young adults aged 18 to 25 had any mental illness (AMI) in the past year. This percentage was higher than that of adults aged 26 to 49 (28.1 %) and adults aged 50 or older (15.0 %). Regardless of age group, females were more likely than males to have AMI, serious mental illness (SMI), or major depressive episode (MDE); however, the gender gap was most apparent among young adults aged 18 to 25.

[7] Merrall, E. L., Kariminia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J., Hutchinson, S. J., & Bird, S. M. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction (Abingdon, England)*, *105*(9), 1545–1554. https://doi.org/10.1111/j.1360-0443.2010.02990.x

According to the Arkansas Prevention Needs Assessment[8] (APNA) an annual survey measuring substance use among children ages 12-17, in 2023, among 12th graders specifically, lifetime prescription drug misuse was notably high at 8.5%. Encouragingly, the APNA report showed that young Arkansans' rates of both lifetime and past 30-day use across all the aforementioned substances fell below national averages in 2023. According to APNA, the majority of 12th grade students perceived that both heroin (81%) and methamphetamine (79.8%) are "likely to cause great harm." These rates for 6th graders were only 57.1% and 56%, respectively. This difference suggests that the age at which students receive education about these substances may coincide with a change in perception. Therefore, younger students' perception of harm could be increased by introducing opioid education at an earlier age. Despite the overall decrease in youth opioid misuse, overdose deaths among young people remain a significant concern. In 2021, the Arkansas Department of Health reported 16 overdose deaths in youth ages 11 to 20, and 121 between the ages of 21 to 30. In 2022, people aged 15-24 made up 7.6% of total overdose deaths[9].

Several issues of concern remain: First, while the overall un-insured rate in the state was 8.7 percent, rates for young adults were nearly double overall at 15.3%, largely driven by males. Second, for young adult rates were significantly higher for minorities. Hispanics had an un-insured rate of 27.7% and 20.2% of Black young adults lacked insurance. Third, while Native Hawaiian and Pacific Islanders represent only 0.35 percent of the Arkansas population, the rate of uninsurance in the 19-25 age group is higher than any other group at 69.4%. Finally, un-insurance rates in 2021 fell from 2020 in the young adult population driven largely by increases in Medicaid and Marketplace coverage related to the pandemic. Remaining uninsured is an issue for providers to effectively target and serve this age group without a funding source. Therefore, OSAMH with the help of partnerships with service provider and the support of the peer network can assist young people getting enrolled in ARHOME. The ARHOME program uses Medicaid dollars to buy private health insurance for youth and includes SUD residential coverage.

Naloxone Distribution

In May of 2023, the OSAMH allocated $2.5 million to saturate Arkansas with Naloxone. This project concluded April 1st, 2024, achieving 100% saturation in 61 of the state's 75 counties. These efforts have contributed to Arkansas' steeply declining opioid-related overdose rate (-13%). OSAMH will continue this vital work through proven methods, expanding through a comprehensive training program and increasing targeted reach to rural populations through mail-order services.

[8] https://arkansas.pridesurveys.com/regions.php?year=2023
[9] https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html

SECTION B: Proposed Implementation Approach

B. 1

Goal 1: Strengthen prevention infrastructure, focusing on underserved communities with high substance misuse risks.
Objectives:

1. By 09/29/2025, and annually thereafter, regional capacity to implement data driven prevention strategies as measured by number of sub-grantee prevention contracts and monthly activity monitoring of activities delivered in high-need communities.
2. Collaborate with Prevention Regions with identified underserved communities with high substance misuse risks to develop and disseminate state-of-the-art, culturally relevant substance misuse prevention and treatment resources.
3. By 09/29/2025, improve access to culturally and linguistically appropriate prevention education trainings as measured by development of standardized opioid response training curriculum in English and Spanish. By 09/29/2026, provide translated curriculum materials in Vietnamese and Marshallese.
4. Partner with an outside entity to distribute and train counties across the state as well as identify interested parties in receiving naloxone based on the distribution plan to meet the need of 100% saturation across all 75 counties throughout the grant period. 75% of participants will report increased confidence related to identifying signs and symptoms of opioid misuse as evidenced by post-training surveys.
5. By 09/29/2025, and annually thereafter, improve capacity of regional prevention providers to identify communities in need of naloxone as measured by maintenance of OSAMH Naloxone Distribution map and program documentation of naloxone distributed to targeted communities as a result.
6. By 09/29/2025, and annually thereafter, increase regional capacity to implement data driven prevention strategies as measured by number of sub-grantee prevention contracts and monthly activity monitoring of activities delivered in high-need communities.

Goal 2: Maximize positive health behaviors and substance use prevention outcomes throughout each region of the State of Arkansas.
Objectives:

1. By the end of the project period in 2028, coordinate with an outside entity to utilize prevention strategies recommended by the Center for Substance Abuse Prevention (CSAP) to reduce underage drinking by 3%, as measured by the Arkansas Prevention Needs Assessment (APNA).[10]
2. By the end of the project period in 2028, coordinate with outside entities to increase opportunities for school-based pro-social involvement by 20% (as measured by APNA) in high-poverty areas and those counties with the highest rates of substance misuse to support and engage youth ages 12-25.

[10] https://arkansas.pridesurveys.com/

3. By the end of the project period in 2028, contract with an outside entity to create educational opportunities to train counselors at participating schools to utilize the Screening, Brief Intervention, Referral and Treatment (SBIRT) method to promote annual screenings of students for opioid, stimulant, and prescription drug misuse and to implement evidence-based universal prevention interventions.
4. By the end of the project period in 2028, collaborate with participating schools in the Arkansas Collegiate Network to develop and disseminate prevention resources to their students.
5. By the end of the project period in 2028, increase collegiate recovery programs in the state by at least one.

Goal 3: Enhance the knowledge base for the workforce to better support individuals at risk or with an OUD, families and the community in prevention, treatment, and recovery support through trainings, consultation and evaluation.
Objectives:

1. Modernize providers (prevention, treatment, and recovery) by training on the latest evidence-based techniques, skills, and assessment tools including ASAM to develop a more advanced workforce to combat substance use disorders and co-occurring disorders.
2. Develop a toolkit in collaboration with the Arkansas Department of Health to screen and treat STI, HIV, and other chronic illnesses associated with high-risk behaviors and SUD for funded providers to utilize.
3. Establish a quarterly meeting with stakeholders to discuss and educate providers and stakeholders on the importance of data collection best practices and ways to improve services based on data.
4. Contract with an outside provider to gather GPRA survey intake and follow-up data to improve the state's report to SAMHSA regarding progress toward grant requirements.
5. Identify the barriers in accessing MOUD treatment services for youth and young people through assessment and evaluation and develop a plan to mitigate these barriers.

Goal 4: Move towards ongoing sustainability for substance use disorder services along a full continuum of substance use disorders for the State of Arkansas.
Objectives:

1. Create a toolkit for interested service providers to use as they engage with Medicaid toward becoming a new provider.
2. Establish regularly scheduled meetings led by a project management team with stakeholders and subject matter experts to develop a timeline for enrolling subgrantees as Medicaid providers.
3. Identify barriers to the enrollment process and make necessary revisions to the enrollment toolkit.
4. Develop educational opportunities with the Recovery Community Organizations (RCOs) to utilize Medicaid for reimbursable peer recovery support services.

5. By January 30, 2025, OSAMH will have a meeting with the Department of Health and other interested state entities to explore opportunities for braided funding to achieve goals and objectives.
6. By the end of the project period in 2028, increase the number of SUD treatment providers enrolled in Medicaid and increase utilization of Medicaid services.
7. Create educational opportunities to equip youth and young adults (16-25) with skills to navigate services and enroll in benefits including insurance.

Goal 5: Expand rural access to treatment for OUD and other concurrent substance use disorders.
Objectives:

1. Collaborate with subject matter experts and external consultants to develop a hub and spoke model for access to FDA-approved medications for the treatment of SUD for hard-to-reach populations and rural areas.
2. Provide innovative telehealth strategies in rural areas to increase the capacity of support services for OUD/stimulant use disorder prevention, treatment, and recovery.
3. Improve access to health care utilizing mobile units to reach rural areas.
4. By the end of the project period in 2028, a low-barrier Buprenorphine treatment program will be piloted in the state.

Goal 6: Decrease severity of social determinates of health which negatively impact overall wellness of mothers, pregnant women, and their children in Specialized Women's Services programs.
Objectives:

1. Contract with an outside entity to provide specialized maternal health services to pregnant women in SWS programs and to pregnant women at risk of needing SWS programs.
2. Identify pregnant women in collaboration with an outside entity working with justice-involved mothers, family court cases, or other entities to enroll them into services related to prenatal care and system navigation.
3. Develop a toolkit to educate providers in reducing discrimination for mothers and pregnant women needing SWS services.
4. Increase current admissions to SWS treatment by 10% through increasing accessibility of childcare services for mothers which is a deterrent to women admitting to SUD treatment.
5. Contract with an outside entity to assess and evaluate the effectiveness of SWS services in meeting the needs of mothers and pregnant women.

Goal 7: Work with DCFS to develop braided funding for Substance Use Services programs.

Objectives:

1. Establish regularly scheduled meetings with stakeholders from DCFS, OSAMH, SUD treatment providers, and other interested parties to examine the data regarding unmet needs of pregnant and parenting women, families, and youth in care with SUD-related services and develop a collaborative resource network to address barriers.
2. Review and align contract language by both DCFS and OSAMH for contracts providing SUD-related services to pregnant and parenting women, families, and youth in care to produce a more collaborative, evidence-based, and relevant care plan by the end of the project period.
3. By the end of the project period in 2028, OSAMH will establish a working partnership with an early childhood development entity to address childcare, child development, parenting needs, and other services for pregnant and parenting women in SUD-related services.

Goal 8 – Reduce relapse and overdoses for the justice-involved population.
Objectives:

1. Collaborate with stakeholders to develop a roadmap for justice-involved individuals to receive the full continuum of care including MAT treatment.
2. Increase the number of active participants receiving justice-involved peer recovery support services in specialty courts as recorded on Goodgrid by 10% as an avenue towards recovery resources and referrals.
3. Implement a centralized reporting and management program in conjunction with an outside entity for justice-involved peer recovery support specialists as they work in specialty courts.

Goal 9: Work towards RCOs being the centralized custodians for the peer recovery support workforce in the community.
Objectives:

1. Establish regularly scheduled meetings led by a project management team with the RCO leaders to develop strategies to encourage current employers of peer recovery support specialists (PRSS) to adopt RCOs as the custodians and develop a timeline for centralizing the peer recovery support workforce.
2. By January 30, 2025, OSAMH will facilitate a community forum with healthcare providers, law enforcement agencies, justice services, community partners and other interested stakeholders to collaborate on the process of converting RCOs as the overall custodian of PRSS and develop a comprehensive referral system for recovery services through the RCOs.
3. OSAMH will plan, with or without outside entities, technical assistance on best practices for RCO development and management to increase capacity of peer recovery support services in underserved and/or rural areas.

Goal 10: **Advance peer recovery support services to provide evidence-based services to families in the continuum of care.**

Objectives:

1. By the end of the grant period, OSAMH will contract with an outside entity to develop and provide specialty training of recovery support services for pregnant and parenting women with substance use and related issues as well as a specialty training for family support services.
2. Increase the number of NARR certified recovery residences including residences specifically tailored to accommodate families including pregnant women and children and/or individuals with co-occurring disorders.
3. OSAMH will outsource the peer certification process including applications, testing, training, and ethics enforcement to a nationally recognized credentialing entity.
4. Partner with an outside entity to schedule, plan, and implement core, advanced, and supervisor training for the continuation and growth of the PRSS workforce.

Number of Unduplicated Individuals to be Served with Award Funds				
	Year 1	Year 2	Year 3	Total
Prevention	1750	1750	1750	5250
Treatment Services	400	400	400	1200
Recovery Support Services	400	400	400	1200
GPRA/SPARS Target	800	800	800	2400

B.2

The Office of Substance Abuse and Mental Health proposes to add new programs and support and/or enhance existing services to bridge service gaps in prevention, treatment, and recovery, addressing critical health disparities for underserved groups across the state.

Reaching Underserved Populations

OSAMH will partner with the Overdose Response Network (ORN) to train service providers in skills necessary to address the intersecting layers of discrimination associated with SUD and other marginalized identities[11], improving the quality of care and treatment outcomes for minority racial and ethnic demographic groups and sexual and gender minorities. OSAMH will create and maintain advisory committees to meaningfully involve members of these groups in the planning and delivery of service provider education initiatives. At the end of each federal fiscal year, allocated funding will be set aside specifically for the development of culturally relevant substance misuse prevention and treatment resources.

During year 1, OSAMH will support the development of coalitions to assess the specific services needs of ethnic and racial minorities as well as sexual and gender minorities. Working to provide these populations with culturally appropriate prevention, treatment, and recovery services will require OSAMH to develop relationships with key community stakeholders to overcome cultural and linguistic barriers. These assessments will inform appropriate adaptations to traditional prevention, treatment, and recovery services to create the best fit for these groups in years 2 and 3. OSAMH will increase access to educational materials for linguistic minority groups.

Additionally, OSAMH will utilize "Hub and Spoke models" of care for recovery and treatment throughout the state to reach underserved communities whose difficulties are compounded by living in high poverty rural areas. Investments in telehealth technology as well as regional mobile care will greatly increase rural Arkansans' access to care, particularly in the Delta and southern regions.

Prevention

OSAMH will implement the six Center for Substance Abuse Prevention (CSAP) strategies: *Dissemination of Information*, wherein we will provide information about the nature of drug use, misuse, addiction and the effects on individuals, families and communities. *Prevention Education* will be used by two-way communication between an educator and participants that follows a curriculum aimed at affecting critical life and social skills, including decision making, refusal skills and critical analysis. *Community Based Processes* will be used to enhance the ability of the community to more effectively provide prevention and treatment services for drug misuse disorders by planning, organizing and enhancing the efficiency and effectiveness of service implementation, building coalitions and networking. We plan to use *Environmental Approaches* to establish or change community standards, codes, and attitudes that influence the incidence and prevalence of substance misuse in the general population.

The Arkansas Collegiate Network, the state's collegiate substance misuse prevention coalition comprising 23 institutions of higher education, will equip school counselors to utilize the Screening, Brief Intervention, Referral and Treatment (SBIRT) method on campuses to screen for opioid, stimulant, and prescription drug misuse. Furthermore, qualitative studies will provide more robust information on collegiate substance misuse to include students identified as at-risk for substance use disorder through SBIRT, and schools who have not participated in the statewide survey, ACSUA.

[11] https://connect.springerpub.com/content/sgrlgbtq/2/2/125

Treatment

OSAMH will implement direct services through contracts to treatment providers who meet licensing requirements and show regulation compliance. Treatment providers in Arkansas's 7 OTPs (6 fully licensed and 1 under provisional license) as well as all other treatment providers funded through the SOR grant will meet the MATE ACT Training Requirements as delineated in Section 1263 of the Consolidated Appropriations Act, 2023. Treatment services may include MAT such as MOUD, individual counseling, and group counseling in residential and outpatient settings. MAT Therapy Services and MATRIARC programs are in service to populations throughout the state through the Hub and Spoke model and recruit and support new MAT providers using all FDA-approved medications to treat OUD and other SUDs. The goal is to increase the number of providers to reach the underserved rural populations as well as utilizing mobile units and innovative telehealth strategies.

OSAMH will collaborate with the Arkansas Department of Health in providing testing and treatment of STI, HIV, and other chronic illnesses associated with SUD high-risk behaviors. A toolkit will be developed for funded treatment providers in accessing these services through the Health Department including warm hand-off referrals to treatment when needed. Treatment providers will also be educated on providing vaccines and resources for blood testing needs for potential health complications from SUDs.

OSAMH will focus on the treatment needs of mothers and pregnant women with SUDs through collaboration with outside entities to identify pregnant women with SUDs and getting them enrolled in services related to prenatal care and system navigation. Providers will be educated on how to reduce stigma for mothers and pregnant women needing SWS services to encourage earlier participation in treatment efforts. Braided funding opportunities with DCFS will be explored to increase service efficacy and decrease childcare issues as a deterrent for mothers entering and remaining in treatment as well as aligning contract language with both entities in establishing substance use services for this population. Protocols will be established to ensure pregnant women receiving substance use disorder treatment also undergo routine screening for syphilis and other STIs. This initiative aims to detect syphilis early in pregnancy or during the postpartum period allowing for timely treatment and management. By integrating these services, the hope is to improve health outcomes for pregnant women and their unborn children in uterus by addressing multiple social determinates simultaneously.

Other treatment factors including barriers in access to MOUD treatment services for youth and young adults (16-25), protocols for continuum of care for soon-to-be released incarcerated individuals, improvements in data collection to measure quality of services, and the establishment of a pilot program for low-barrier buprenorphine treatment will be addressed through stakeholder meetings and in partnerships with collaborating entities. For health protective measures in preventing fatal overdoses, OSAMH will work with an outside entity to distribute naloxone and lifesaving tools for people re-entering their communities upon discharge from treatment or institutions. These efforts for health protective measures may be partnered with other state agencies, mobile health units, or nationally recognized groups specializing in the best practices of saving and protecting lives.

OSAMH, in collaboration with an outside entity, will provide opportunities to modernize the provider workforce by covering topics on the latest evidence-based techniques, skills, and

assessment tools including ASAM criteria. When and where appropriate, these training opportunities will utilize resources from the Tribal Opioid Response (TOR) Technical Assistance about evidence-based practices to healthcare workers providing OUD services to minorities. To move towards ongoing sustainability for the full continuum of care in SUD services, OSAMH will develop a toolkit and timeline for enrolling subgrantees as Medicaid providers. In partnership with an outside entity, OSAMH will develop opportunities to utilize Medicaid for reimbursable peer recovery support services as well as educate youth and young adults (16-25) on enrollment in Medicaid for substance use services.

Recovery

SOR funding has a long-standing tradition of supporting the peer recovery workforce, providing training, credentialing, and facilitating the hiring of workers across various agencies. In this grant period, our aim is to expand this workforce and build sustainability and capacity. With the support of SOR funding, OSAMH is eager to create a collaborative, intentional, and educational forum with Recovery Community Organizations and other qualified interested parties. This forum will be a space where all voices are heard and valued, contributing to the development of an action plan that centralizes the employment of peer specialists. The forum's agenda may encompass the establishment of a toolkit, educational training for hiring and retaining peer specialists, advocacy, addressing barriers, and building support around the peer recovery workforce.

Arkansas is committed to fostering a working relationship with a national credentialing body for peer certification. This partnership will not only include a robust process for ethical review and testing but also the utilization of an online supervision database for peers during their certification journey. This commitment to ethical standards and professional development is a testament to our dedication to the integrity and quality of our peer recovery workforce.

Specialty court peers provide a necessary bridge for individuals with SUD and mental health challenges to access resources. They also offer the individual an introduction to their area's recovery community. These actions are uniquely provided in a peer role without judgment or stigma. Breaking down barriers to resources and advocating for the individuals they provide services to are the primary actions of a PRSS in the justice-involved setting. The empowerment of historically underrepresented groups is a significant outcome of their work. In collaboration with the Arkansas Model of Peer Recovery and an outside entity, peer specialists may advocate with the individuals they serve, and offer a voice to these groups. This outside entity will provide oversight of employment and payment of peers within the courts, in line with their purpose of responsibility for the administration of the non-judicial business of the judicial branch. PRSS working within the court setting will engage in resource brokering, community outreach, and connect the justice-involved populations to housing, employment, health resources, and transportation.

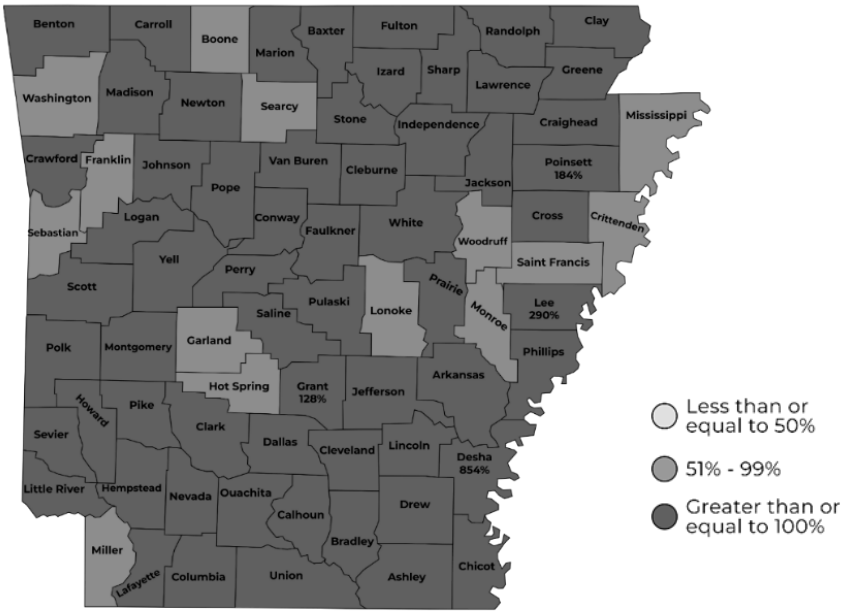
Naloxone Distribution

Arkansas’s current distribution plan utilizes a heat map to illustrate naloxone saturation by county. OSAMH will partner with an outside entity to supply, train, market, and plan distribution in collaboration with the prevention provider network. Distribution to counties that are currently

below 100% saturation will be prioritized. To ensure ongoing, comprehensive coverage and service provision across the entire state of Arkansas, the OSAMH, in coordination with a selected vendor and the state's Regional Prevention Provider system, will focus distribution of Naloxone to at least 25 counties annually while continuing to provide to other counties when in need. This strategy will ensure that all 75 counties in Arkansas receive Naloxone over a span of three years. Regional Prevention Providers will continue to implement evidence-based strategies within their regions, including education about the harms of opioid and stimulant misuse and Naloxone training. By adopting this approach, all 75 counties in Arkansas will receive prevention resources, effectively saturating the state's diverse regions and communities to decrease medical emergencies due to substance use, while decreasing opioid misuse overall.

OSAMH will partner with the Arkansas Department of Health to standardize and continually improve an official overdose recognition and reversal training, optimized for accessibility and relevancy. OSAMH's approved training will contextualize the opioid epidemic through visualizing current data trends, emphasizing the importance of reporting both fatal and non-fatal overdoses and Naloxone administrations, and incorporating interactive educational components to maximize its impact. This training will be updated annually, available both online and in-person, and translated into ethnic minority languages.

Key personnel providing essential community-based resources including regional prevention providers, peers, first responders, military, and other professionals likely to encounter an overdose will be trained as trainers. Once trained, these stakeholders will be authorized to implement this training in their local communities and professional networks, expanding the reach of bystander intervention initiatives. OSAMH will support the development of peer health educator programs in colleges and universities, and other settings wherein peer leaders may effectively promote community change.



SECTION C: Proposed Evidence Based Practices

C. 1

Medication Assisted Treatment (MAT) combines pharmacological interventions with substance abuse counseling and social support for individuals with an opioid use disorder. SAMHSA recommends MAT due to outstanding results found in individuals with an OUD. Reduces potential relapse and overdose. Ensuring that 100% of the OSAMH contracted providers has FDA approved medication available to individuals with an opioid use disorder and have a trained prescriber on staff or contracted.

Screen, Brief Intervention, Referral and Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use. Increase treatment linkages for individuals with an OUD or Stimulant Use Disorder (SUD) through potential referral sources such as emergency departments, child welfare and others.

Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change. MI is applied to a wide range of problem behaviors related to SUD, as well as health promotion, medical treatment adherence, and MH issues. As of 2013, MI is implemented at more than 30,000 sites in all 50 states and around the world, with an estimated 3 million clients (SAMHSA). Increase successful outcomes by increasing treatment admission and retention through positive regard and support of the MI mode.

Matrix Model (MM) provides a framework for engaging individuals with a stimulant use disorder (e.g., methamphetamine and cocaine) and helping them achieve abstinence. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, and become familiar with self-help programs. The Matrix Model Curriculum provides for types of groups identified in SAMHSA Tip 42: Medication Assisted Treatment as being most commonly used in successful MAT programs and stimulant used disorders. Ensure all SOS contracted providers have this curriculum available to individuals served with an OUD or SUD and reduce use of opiates and/or stimulants.

Contingency Management (CM) is a voucher or prize-based incentive-based program and involves individuals potentially earning tangible rewards to reinforce positive behaviors such as abstinence. According to Nation Institute on Drug Abuse (NIDA), research has demonstrated the effectiveness of treatment approaches using CM principles Studies conducted in both methadone programs and psychosocial counseling treatment programs demonstrate that incentive-based interventions are highly effective. Outcomes: Increased engagement and retention in treatment services.

Seeking Safety (SS) is an evidence-based model to help survivors with co-occurring trauma and SUD. It stays in the present and teaches an array of safe coping skills. SS approach has been successfully implemented with a wide range of populations including both males and females; adolescents; military and veterans; homeless people; survivors of domestic violence; criminal

justice and racially/ethnically diverse populations; individuals with substance use disorders; and clients in all levels of care. Outcome: Increase safety skills in dealing with trauma.

Cognitive Behavioral Therapy (CBT) is a widely recognized, evidence-based treatment for substance use disorders. This therapeutic approach focuses on identifying and modifying dysfunctional thinking and behavior patterns that contribute to substance abuse. By helping individuals understand the connection between their thoughts, feelings, and behaviors, CBT aims to develop healthier coping mechanisms and reduce reliance on substances.

Peer Recovery Support Services is an evidence-based practice that includes individuals with a shared history of being a person in recovery from mental illness and/or substance abuse disorder, who has been trained to work with others on an individualized road to success and recovery. Outcomes: Increases engagement and retention in recovery.

The Hub and Spoke Model is an innovative and effective approach to delivering behavioral health services designed to reach and support hard-to-reach populations. This model creates a network of care that ensures comprehensive and continuous support for individuals with complex health needs, especially in underserved or rural areas.

Centralized Hub: The hub is a central facility, often a specialized treatment center, that provides intensive and specialized services. It typically offers comprehensive assessments, initial treatment plans, and specialized care for complex cases. The hub has multidisciplinary teams, including doctors, psychiatrists, psychologists, and other healthcare professionals.

Spokes: The spokes are community-based healthcare providers such as primary care clinics, community health centers, or local behavioral health providers. These spokes deliver ongoing care, support, and monitoring to patients in their local communities. They ensure that patients have access to continuous care close to their homes.

Integrated Care Coordination: The hub and spoke model emphasizes seamless communication and coordination between the hub and the spokes. This integration ensures that patients receive consistent and well-coordinated care across different service providers, reducing gaps in treatment and improving outcomes.

Accessible and Localized Care: By leveraging local providers as spokes, the model makes it easier for hard-to-reach populations to access care without needing to travel long distances. This is particularly important for individuals in rural or underserved areas who might otherwise face significant barriers to accessing specialized care.

Comprehensive Services: The model offers a full spectrum of care, including prevention, early intervention, treatment, and recovery support. This holistic approach addresses the multifaceted needs of individuals with behavioral health issues, including those with co-occurring conditions such as substance use disorders and mental health disorders.

Focus on Continuity and Relapse Prevention: The ongoing support provided by the spokes helps in maintaining long-term recovery and preventing relapse. Continuous monitoring and regular follow-ups ensure that patients stay engaged in their treatment plans and receive timely interventions when necessary.

C. 2

To ensure the fidelity of EBPs and evidence-informed and/or promising practices, common standards or guidelines in provider training and program implementation will be identified. These standards will include program oversight, provider development and evaluation, and outcome evaluations. During the evaluation process, the process and outcome data will be collected regularly to monitor the quality of provider training and program implementation and effects. Information gathered from these data will support continuous quality improvement efforts by identifying any necessary changes to program implementation strategies.

SECTION D: Staff and Organizational Experience

D. 1

The Arkansas Department of Human Services (DHS) is Arkansas's largest state agency, with approximately 6,600 employees working in nine divisions headquartered in Little Rock and 80 county offices. The DHS OSAMH is the State Opioid Treatment Authority and serves as the Single State Agency to distribute grant funds and oversee community treatment centers. The previous SOR/STR was managed by DHS. OSAMH has experience with coordinating with subgrantees on previous grant programs and ensuring service delivery to the populations of focus. OSAMH staff are familiar with the Arkansas cultures and customs of the underserved population of focus and have experience working with communities at the grassroots level. Several staff members of OSAMH also have lived experience in recovery from substance misuse and/or mental health challenges.

D. 2

Partnering organizations (to be finalized upon award) include:

- Arkansas Department of Health (ADH) is a government entity for public health to protect and improve the health and well-being of all Arkansans with more than 100 services provided statewide by public health professionals. ADH has vast experience in providing more than 100 services statewide by public health professionals. Currently, they are the CDC grant recipients of the Arkansas Overdose Data to Action in States grant – working with similar goals to address the opioid crisis through a public health lens.
- The University of Arkansas Medical Services Center for Addiction Services and Treatment (UAMS) provides medication-assisted treatment to treat OUD which. combines the use of medications (e.g., Suboxone, buprenorphine, Vivitrol, methadone) and individual and group therapy to treat opioid detoxification, withdrawal, and cravings.

This program is experienced in working with underserved populations and OUD treatment.

- Medication Assisted Treatment Recovery Initiative for Arkansas (MATRIARC) is a partnership with the UAMS Psychiatric Research Institute and the DHS designed to expand evidence-based treatment for opioid use disorders by making free-of-charge consultations available to medical professionals providing medication-assisted treatment. This group is experienced in utilizing telehealth and other avenues to reach rural areas for treatment.
- Arkansas Community Corrections (ACC) is a division of the Arkansas Department of Corrections, is the state agency that implements probation, parole, and re-entry programs, and supervises specialty drug and mental health courts. For this project, they administer FDA approved medication for MAT/MOUD to the justice involved population. Previously, they have only offered injectable naltrexone, but recent strides have been made to offer other medications as well in the future after contract alignment with the medical contractor, WellPath. Arkansas Medicaid covers all MOUD/MAUD medications. This program has experience in working with justice-involved populations.
- Arkansas Administrative Office of the Courts (AOC) oversees and manages specialty courts and implement best practices strategies to assist families and people affiliated with their county courts in conjunction with ACC. AOC works in collaboration with OSAMH to develop a model to supervise and support peer recovery specialists walking alongside people enrolled in specialty courts, and act as navigators through the services available. This program has experience in working with justice-involved populations.
- Arkansas Collegiate Network (ACN), a coalition of students, faculty, and institution staff leaders networking and communicating with a shared goal of addressing substance misuse. This group is experienced in working with college students.
- Arkansas Foundation for Medical Care (AFMC) is a nonprofit organization with a mission to promote excellence in health and health care through education and evaluation. Through a highly trained staff, AFMC has nearly five decades of health care experience working with the state Medicaid programs, the Centers for Medicare & Medicaid Services, health departments, hospitals, clinicians, long-term care facilities and private insurers. AFMC has experience in helping educate providers and individuals about Medicaid.
- The UALR MidSOUTH Center for Prevention and Training, which has 47 years of experience training addiction professionals and paraprofessionals on evidence-based practices related to substance misuse and mental health challenges. This program has experience in disseminating information.
- CHESS Health is a mobile solution via smart phone to amplify impact to those in need, along with reaching and engaging those who use drugs and need support outside of traditional treatment modalities. These resources are available 24/7/365, and peer support specialists offer services within their scope through CHESS. This technological program has experience in accessing individuals to encourage their compliance with treatment.

- The Opioid Response Network (ORN) is a free technical assistance network that specializes in assisting states, groups, agencies, and other stakeholders in developing evidence-based plans for prevention, treatment and recovery. The ORN has thousands of subject matter experts and disseminates information through technology transfer centers. This group has vast experience in providing education in many topics related to OUD and SUD.
- The End Overdose program's vision encompasses a society that prioritizes health, compassion, and evidence-based solutions to address the drug overdose epidemic. End Overdose is a 501(c)3 non-profit organization based in California with a national reach working to end drug-related overdose deaths through education, medical intervention, and public awareness. Besides having experience in disseminating information, this program is well-versed in the provision of naloxone distributions and health protective measures.
- Arkansas AWARE is a project funded through the Substance Abuse and Mental Health Services Administration RFA-SM-22-001 AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grant to support districts in efforts to provide mental health awareness and trauma informed practices. This program has experience in working with youth which is a population of focus.
- River Valley Medical Wellness is an independently owned practice that encompasses a wide range of services aimed at treating substance use issues. With the addition of two mobile units, this program has experience treating rural populations.
- Upon award, OSAMH will contract with a Data Evaluator, the Wyoming Survey & Analysis Center (WYSAC) of the University of Wyoming (UW), which has the latest statistical analysis software tools for managing and analyzing data, as well as access to the UW facilities and research library. Its staff hold advanced degrees in statistics, economics, political science, psychology, sociology, and computer science. The WYSAC team is led by Senior Research Scientist, Rodney Wambeam, PhD. who has served as lead evaluator on numerous SAMHSA-funded projects including Arkansas's Federal Prevention Block, Strategic Prevention Framework-Partnership for Success, and Emergency COVID-19 grants.

D. 3

All personnel for the positions below will be required to have a minimum one year of experience with the OUD and SUD populations and working with the underserved populations in Arkansas including mothers and pregnant women, rural populations, justice-involved populations, and other minority populations. All personnel will understand the National Culturally and Linguistically Appropriate Services (CLAS) standards as prescribed in the SAMSHA – HRSA Center for Integrated Solutions.

State Staff	Role	Qualifications	FTE
Program Director (Key Personnel)	Coordinates and collaborates with other state-level opioid initiatives attempting to align initiatives; represents the state at national meetings as required; maintains primary oversight on all aspects related to the SOR-IV grant including funding allocation, contracts and implementation of program goals and objectives.	Masters in a behavioral health field with emphasis on substance use; managerial experience; administrative grant-related experience; five-year related experience.	1.0
Program Coordinator (Key Personnel)	Works under the direction of the project director; Monitors performance and progress of all SOR-IV grant goals and objectives; ensures all day-to-day grant required activities are completed and serves as primary contact for treatment providers and collaborating agencies.	Masters in a behavioral health field with emphasis on substance use; managerial experience; administrative grant-related experience; five-year related experience.	1.0
2- Data Coordinators (Key Personnel)	Works under the direction of the project director; Collects and evaluates data to update the OSAMH and treatment agencies on outcome adherence; Monitors data collection for the GPRA and other required data requests for SAMHSA.	Bachelor's degree or equivalent experience One year of experience in data collection and analysis.	1.0
Point of Contact for Financial Matters (Key Personnel)	Works under the direction of the project director; Performs as primary contact for all financial communications involving the SOR-IV grant and invoicing by contractors	One-year experience in grant budgeting, invoicing, and managing financial issues; One year of experience in administrative duties.	1.0
Women's Services and Youth Services Coordinator	Works under the direction of the project coordinator; Provides training and technical assistance to treatment providers involved in SWS services; and monitors contract compliance, outcomes, progress toward goals.	Bachelor's degree or equivalent experience; One year of experience working with women in SUD programs.	0.5

Peer Recovery Director	Works under the direction of the project director; Coordinates and collaborates with other entities that employ peer recovery support specialists; Monitors performance and progress of SOR-IV grant goals and objectives related to recovery.	Bachelor's degree or equivalent experience; Certified Peer Recovery Support Specialist; One year of managerial experience; Five-year related experience with SUD population.	0.75
Peer Role Developer	Works under the direction of the peer recovery director; Collaborates with other entities to coordinate on-going sustainability for the advancement of peer recovery support specialists in all phases of the SUD continuum of care.	Certified Peer Recovery Support Specialist; One year of related experience with SUD population; One year of administrative experience.	0.5
Peer and Peer Youth Training Coordinator	Works under the direction of the peer recovery director; Provides training and technical assistance to peer recovery support specialists and coordinate training opportunities for youth peer recovery support specialists.	Certified Peer Recovery Support Specialist; One-year related experience with SUD population; One year of administrative experience.	0.5
Recovery Community Organizations and Residences Coordinator	Works under the direction of the peer recovery director; Monitors performance and progress of SOR-IV grant goals and objectives related to recovery community organizations and recovery residences.	Certified Peer Recovery Support Specialist; One year of related experience with SUD population; One year of administrative experience.	0.5
Prevention Collegiate Coordinator	Works under the direction of the project director; Provides training and technical assistance to collaborating agencies related to collegiate populations; Monitors contract compliance, ensure prevention and promotion progress toward goals related to prevention.	Bachelor's degree or equivalent experience; One year of related experience working in prevention programs.	1.0
Prevention Opioid Reversal	Works under the direction of the project director; Provides training and technical assistance to collaborating agencies for	Bachelor's degree or equivalent experience; One year of related	1.0

Agent Coordinator	the distribution and saturation of opioid reversal agents; Monitors contract compliance, ensure prevention and promotion progress toward goals related to prevention.	experience working in prevention programs.	
Prevention Support Coordinator	Work under the direction of the project director; Provide support to prevention team in monitoring contract compliance, ensure prevention and promotion progress toward goals.	Bachelor's degree or equivalent experience; One year of related experience working in prevention programs.	0.5

D. 4

Tauria Lewis will be the Point of Contact for financial management. Jennifer Shuler will be the Point of Contact for oversight of the award.

SECTION E: Data Collection and Performance Measurement

E. 1

The Wyoming Survey & Analysis Center (WYSAC), the Evaluator/Data Contractor in collaboration with OSAMH will collect and analyze data relevant to overall program evaluation as necessary from agencies and entities that receive current SOR funding. This data will be used to assess outcomes for required evaluation measures. WYSAC will conduct evaluation processes and provide reports that include information requested by SAMHSA and/or OSAMH, as well as indicators related to a) utilization of FDA-approved medications by providers for treatment of OUD; b) utilization of evidence-based treatments, practices, and interventions appropriate to the treatment of OUD and stimulant use disorders; c) process and primary outcomes for subgrantees who receive non-treatment SOR funds; and d) summary of processes and outcomes for other prevention, harm reduction, treatment, and recovery support projects that address the opioid epidemic in the state of Arkansas, as available and appropriate. WYSAC will design an evaluation plan that includes developing and identifying performance measures for evaluating program success in implementing SAMHSA's required activities for the current SOR goals listed. This evaluation plan will assess outcomes for required performance measures using the CSAT-GPRA treatment data collection tool at intake, six months post intake, and discharge, as well as for individual projects or programs. For example, SOR prevention funding will continue to be used to focus on opioid-related prevention in high-needs communities such as rural areas and minority populations of African Americans, Hispanics, and Marshallese. Periodic data-driven selection/adjustment of target areas will be made based on factors such as the size of additional communities, area demographics, opioid prescribing rate, opioid-involved medical episodes, OUD treatment accessibility/treatment admission volume, and health literacy distribution capacities.

Data on naloxone training, distribution, and administration within targeted communities will continue to be compiled by community service and evaluation contractors. Additionally,

WYSAC will identify data sources, including national, state, and individual program administrative data, for the evaluation and draft and prioritize key evaluation questions for each program based on objectives. As part of data collection and performance measurement procedures, WYSAC's IT Specialists will collaborate with OSAMH and sub-grantees to modify, enhance, and/or expand online reporting tools developed for the SOR grant and used throughout the state-supported Peer Recovery Support network. These tools allow individuals receiving PRS services to be entered into a centralized database on WYSAC's secure server system. Data include demographics, various assessment tools, and documentation of service provision events (i.e., "sessions" or discrete encounters/contacts in which PRS services are provided). WYSAC will work with data source entities to ensure the timeliness of available data and overcome any barriers to data sharing.

WYSAC will collaborate with OSAMH to create appropriate data collection procedures. A secure data exchange protocol will be established between each SOR-funded program and WYSAC as needed, using data transfer methods such as email encryption or File Transfer Protocol (FTP). Data will be stored on a secure server, and paper documents will be stored in locked filing cabinets separate from any other collected data and/or documentation to protect confidentiality. Access to project data will be restricted to evaluation team members by username and password. Data analysis and visualization of program data will include using SPSS, R, Stata, Excel, Tableau, NVivo, and other appropriate software. Finally, as a department of the University of Wyoming, WYSAC will comply with all Institutional Review Board (IRB) procedures and receive IRB approval from the University before any data collection. In-person or virtual site visits will be conducted with subgrantees to gather progress information for inclusion in evaluation reports as appropriate.

Applicant/Recipient	**Application/Award Number**
Office of Substance Abuse and Mental Health	TI-24-008
Project Title:	Arkansas State Opioid Response

	Start Date	End Date	Budget Year
Budget Period:	09/30/2024	09/29/2025	1

For Multi-Year Funded (MYF) awards only
(not applicable to new applications for funding)
Check the box to select the Incremental Period ☐

COST SHARING AND MATCHING

Matching Required: ☐ YES ☒ NO

A. Personnel

Line Item #	Position	Name	Key Position per the NOFO	Check if Hourly Rate	Calculation						FEDERAL REQUEST
					Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)	Personnel Cost	
1	Project Director	Jennifer Shuler	☒	☐			1	$118,758	100.00%	$118,758	$118,758
2	Project Coordinator	Kira Kennedy	☒	☐			1	$75,505	100.00%	$75,505	$75,505
3	Data Coordinator Lead	TBD	☐	☐			1	$52,733	100.00%	$52,733	$52,733
4	Data Coordinator	Amanda Vardaman	☒	☐			1	$46,199	100.00%	$46,199	$46,199
5	Point of Contact for Financial Matters	Tauria Lewis	☐	☐			1	$45,979	100.00%	$45,979	$45,979
6	Womens Services and Youth Services	Bonnie Stribling	☐	☐			1	$52,732	50.00%	$26,366	$26,366
7	Peer Recovery Director	Casey Copeland	☐	☐			1	$52,732	75.00%	$39,549	$39,549
8	Peer Certification/Peer Role Development	Quinton Cohen	☐	☐			1	$37,962	50.00%	$18,981	$18,981
9	Peer Training/Youth Services	Cheyenne Delaney	☐	☐			1	$37,962	50.00%	$18,981	$18,981
10	Recovery Community Organization and Residences Coordinator	Kathleen Stancliff	☐	☐			1	$42,356	50.00%	$21,178	$21,178
11	Prevention Collegiate Coordinator	Cody Conway	☐	☐			1	$42,356	100.00%	$42,356	$42,356
12	Prevention Opioid Reversal Agent/ Naloxone Coordinator	Jamal Williams	☐	☐			1	$57,041	100.00%	$57,041	$57,041
13	Prevention Support Coordinator	Brandon Satterfield	☐	☐			1	$37,962	50.00%	$18,981	$18,981
									TOTAL	**$582,607**	**$582,607**

Line Item #	**Personnel Narrative:**						
1	Project Director	Jennifer Shuler	Key Personnel	Salary $118,758	# of Staff 1	LOE 100.00%	Personnel Cost $118,758
	Coordinates and collaborates with other state-level opioid initiatives attempting to align initiatives; represents the state at national meetings as required; maintains primary oversight on all aspects related to the SOR-IV grant including funding allocation, contracts and implementation of program goals and objectives.						

Line Item #	Personnel Narrative:							
2	Project Coordinator	Kira Kennedy	Key Personnel	Salary $75,505	# of Staff 1	LOE 100.00%	Personnel Cost $75,505	
	Works under the direction of the project director; Monitors performance and progress of all SOR-IV grant goals and objectives; ensures all day-to-day grant required activities are completed and serves as primary contact for treatment providers and collaborating agencies.							
3	Data Coordinator Lead	TBD		Salary $52,733	# of Staff 1	LOE 100.00%	Personnel Cost $52,733	
	Works under the direction of the project director; Collects and evaluates data to update the OSAMH and treatment agencies on outcome adherence; Monitors data collection for the GPRA and other required data requests for SAMHSA.							
4	Data Coordinator	Amanda Vardaman	Key Personnel	Salary $46,199	# of Staff 1	LOE 100.00%	Personnel Cost $46,199	
	Works under the direction of the project director; Collects and evaluates data to update the OSAMH and treatment agencies on outcome adherence; Monitors data collection for the GPRA and other required data requests for SAMHSA.							
5	Point of Contact for Financial Matters	Tauria Lewis		Salary $45,979	# of Staff 1	LOE 100.00%	Personnel Cost $45,979	
	Works under the direction of the project director; Performs as primary contact for all financial communications involving the SOR-IV grant and invoicing by contractors							
6	Womens Services and Youth Services	Bonnie Stribling		Salary $52,732	# of Staff 1	LOE 50.00%	Personnel Cost $26,366	
	Works under the direction of the project coordinator; Provides training and technical assistance to treatment providers involved in SWS services; and monitors contract compliance, outcomes, progress toward goals.							
7	Peer Recovery Director	Casey Copeland		Salary $52,732	# of Staff 1	LOE 75.00%	Personnel Cost $39,549	
	Works under the direction of the project director; Coordinates and collaborates with other entities that employ peer recovery support specialists; Monitors performance and progress of SOR-IV grant goals and objectives related to recovery.							
8	Peer Certification/Peer Role Development	Quinton Cohen		Salary $37,962	# of Staff 1	LOE 50.00%	Personnel Cost $18,981	
	Works under the direction of the peer recovery director; Collaborates with other entities to coordinate on-going sustainability for the advancement of peer recovery support specialists in all phases of the SUD continuum of care.							
9	Peer Training/Youth Services	Cheyenne Delaney		Salary $37,962	# of Staff 1	LOE 50.00%	Personnel Cost $18,981	
	Works under the direction of the peer recovery director; Provides training and technical assistance to peer recovery support specialists and coordinate training opportunities for youth peer recovery support specialists.							
10	Recovery Community Organization and	Kathleen Stancliff		Salary $42,356	# of Staff 1	LOE 50.00%	Personnel Cost $21,178	
	Works under the direction of the peer recovery director; Monitors performance and progress of SOR-IV grant goals and objectives related to recovery community organizations and recovery residences.							
11	Prevention Collegiate Coordinator	Cody Conway		Salary $42,356	# of Staff 1	LOE 100.00%	Personnel Cost $42,356	
	Works under the direction of the project director; Provides training and technical assistance to collaborating agencies related to collegiate populations; Monitors contract compliance, ensure prevention and promotion progress toward goals related to prevention.							
12	Prevention Opioid Reversal Agent/Naloxone	Jamal Williams		Salary $57,041	# of Staff 1	LOE 100.00%	Personnel Cost $57,041	
	Works under the direction of the project director; Provides training and technical assistance to collaborating agencies for the distribution and saturation of opioid reversal agents; Monitors contract compliance, ensure prevention and promotion progress toward goals related to prevention.							
13	Prevention Support Coordinator	Brandon Satterfield		Salary $37,962	# of Staff 1	LOE 50.00%	Personnel Cost $18,981	
	Work under the direction of the project director; Provide support to prevention team in monitoring contract compliance, ensure prevention and promotion progress toward goals.							

☐ Show In-Kind Personnel Table

B. Fringe Benefits

Our organization's fringe benefits consist of the components shown below:

Fringe Component	Rate (%)
FICA	7.65%

Retirement	15.32%
Health Insurance	14.36%
Unemployment	0.18%
Workers Compensation	0.49%
Total Fringe Rate	38.00%

Fringe Benefits Cost

Line Item #	Position	Name	Calculation				FEDERAL REQUEST
			Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	**Fringe Benefits Cost**	
1	Project Director	Jennifer Shuler	$118,758	38.00%		$45,128	$45,128
2	Project Coordinator	Kira Kennedy	$75,505	38.00%		$28,692	$28,692
3	Data Coordinator Lead	TBD	$52,733	38.00%		$20,039	$20,039
4	Data Coordinator	Amanda Vardaman	$46,199	38.00%		$17,556	$17,556
5	Point of Contact for Financial Matters	Tauria Lewis	$45,979	38.00%		$17,472	$17,472
6	Womens Services and Youth Services	Bonnie Stribling	$26,366	38.00%		$10,019	$10,019
7	Peer Recovery Director	Casey Copeland	$39,549	38.00%		$15,029	$15,029
8	Peer Certification/Peer Role Development	Quinton Cohen	$18,981	38.00%		$7,213	$7,213
9	Peer Training/Youth Services	Cheyenne Delaney	$18,981	38.00%		$7,213	$7,213
10	Recovery Community Organization and Residences Coordinator	Kathleen Stancliff	$21,178	38.00%		$8,048	$8,048
11	Prevention Collegiate Coordinator	Cody Conway	$42,356	38.00%		$16,095	$16,095
12	Prevention Opioid Reversal Agent/Naloxone Coordinator	Jamal Williams	$57,041	38.00%		$21,676	$21,676
13	Prevention Support Coordinator	Brandon Satterfield	$18,981	38.00%		$7,213	$7,213
					TOTAL	**$221,393**	**$221,393**

Fringe Benefits Narrative:

FICA 7.65%, Retirement 15.32%, Insurance 14.36%, Unemployment 0.18%, Workers Compensation 0.49%

C. Travel

Trip #	Purpose	Origin and Destination	Calculation						FEDERAL REQUEST
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	**Travel Cost**	
	SOR In Person Meeting	Little Rock, AR to Washington, DC	Hotel/Lodging	$261.00	Night	3.00	2	$1,566	
			Per Diems (M&IE only)	$197.50	Day	1.00	2	$395	

Trip #	Purpose	Origin and Destination	Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	Travel Cost	FEDERAL REQUEST
1			Airfare	$400.00	Round Trip	1.00	2	$800	$3,021
			Train/Bus	$30.00	Round Trip	1.00	2	$60	
			Baggage Fees	$50.00	Round Trip	2.00	2	$200	
2	RX Summit	Little Rock, AR to Nashville, TN	Hotel/Lodging	$230.00	Night	5.00	6	$6,900	$9,735
			Local Travel (POV Mileage)	$0.66	Mile	350.00	3	$693	
			Per Diems (M&IE only)	$357.00	Day	1.00	6	$2,142	
3	SOR Local Travel	Around Arkansas, Site Visits	Local Travel (POV Mileage)	$0.66	Mile	10,000.00	4	$26,400	$26,400
							TOTAL	$39,156	**$39,156**

Trip #	Travel Narrative:			
1	SOR In Person Meeting	Little Rock, AR to Washington, DC	Travel Cost	$3,021
	2 persons to travel to DC as required by SAMHSA for SOR meeting			
2	RX Summit	Little Rock, AR to Nashville, TN	Travel Cost	$9,735
	6 persons to travel to Nashville to train in innovative practices			
3	SOR Local Travel	Around Arkansas, Site Visits	Travel Cost	$26,400
	Local site visits to funded projects			

D. Equipment

Line Item #	Item	Check if Item is a Vehicle	Calculation: Quantity	Purchase or Rental/Lease Cost	Percent Charged to the Project	Equipment Cost	FEDERAL REQUEST
1		☐				$0	$0
					TOTAL	**$0**	**$0**

Line Item #	Equipment Narrative:					
1		Quantity	Purchase or Rental/Lease Cost	% Charged to the Project	Equipment Cost	$0

E. Supplies

Line Item #	Item	Calculation: Unit Cost	Basis	Quantity	Duration	Supplies Cost	FEDERAL REQUEST
1						$0	$0

Line Item #	Item	Calculation					FEDERAL REQUEST
		Unit Cost	Basis	Quantity	Duration	Supplies Cost	
					TOTAL	$0	$0

Line Item #	Supplies Narrative:					
1		Unit Cost	Basis	Quantity	Duration	Supplies Cost $0

F. Contractual

Summary of Contractual Costs

Agree-ment #	Name of Organization or Consultant	Type of Agreement	Contractual Cost	FEDERAL REQUEST
1	Prevention: Opioid Reversal Agent/ Naloxone Saturation	Subaward	$250,000	**$250,000**
2	Prevention: Infrastructure/Underserved	Subaward	$500,000	**$500,000**
3	Prevention: Collegiate Initiatives	Subaward	$500,000	**$500,000**
4	Treatment: Provider Development and Education	Subaward	$450,000	**$450,000**
5	Treatment: Hub and Spoke	Subaward	$650,000	**$650,000**
6	Treatment: Maternal Health	Subaward	$1,523,827	**$1,523,827**
7	Treatment: Justice Involved Population	Subaward	$500,000	**$500,000**
8	Treatment: Youth and Young People	Subaward	$500,000	**$500,000**
9	Recovery: Recovery Community Organization Development	Subaward	$1,000,000	**$1,000,000**
10	Recovery: Specialty Court	Subaward	$1,500,000	**$1,500,000**
11	Recovery: Recovery Housing Affiliate Development	Subaward	$200,000	**$200,000**
12	Recovery: Stability	Subaward	$250,000	**$250,000**
13	Recovery: Continuum of Care	Subaward	$165,000	**$165,000**
14	Data Collection: Survey Center for GPRA Collection	Subaward	$450,000	**$450,000**
15	Evaluation: Survey Analysis Center	Subaward	$375,000	**$375,000**
	TOTAL		**$8,813,827**	**$8,813,827**

Contractual Details for **Prevention: Opioid Reversal Agent/ Naloxone Saturation**

Agree-ment #	Services and Deliverables Provided
1	To ensure comprehensive coverage and service provision across the entire state of Arkansas, the Office of Substance Abuse and Mental Health (OSAMH), in coordination with a selected vendor and the state's Regional Prevention Provider system, will distribute Naloxone to at least 25 counties annually. This strategy will ensure that all 75 counties in Arkansas receive Naloxone over a span of three years. Regional Prevention Providers will continue to implement evidence-based strategies within their regions, including education about the harms of opioid and stimulant misuse and Naloxone training. By adopting this approach, all 75 counties in Arkansas will receive prevention resources, effectively saturating the state's

Agree-ment #	Services and Deliverables Provided
	diverse regions and communities to decrease medical emergencies due to substance use, while decreasing opioid misuse overall.

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Prevention: Opioid Reversal Agent/ Naloxone Saturation

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Naloxone Distribution	☐	$250,000.00	1	1.00	1.00	**$250,000**	$250,000
						TOTAL	**$250,000**	**$250,000**

Line Item #	Contractual Other Narrative:					
1	Naloxone Distribution	Unit Cost/Rate $250,000.00	Basis 1	Quantity 1.00	Duration 1.00	Other Cost $250,000
	Vendor to provide naloxone via targeted distribution via mail, staging areas with strategic partnerships around the state, and event based dissemination of resources.					

Contractual Total Direct Charges for Prevention: Opioid Reversal Agent/ Naloxone Saturation

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$250,000

Contractual Total Cost for Prevention: Opioid Reversal Agent/ Naloxone Saturation

TOTAL COST	TOTAL FEDERAL REQUEST
$250,000	$250,000

Contractual Details for Prevention: Infrastructure/Underserved

Agree-ment #	Services and Deliverables Provided
2	**Strengthen prevention infrastructure, focusing on underserved communities with high substance misuse risks.**

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Prevention: Infrastructure/Underserved

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Regional Prevention Providers	☐	$500,000.00	1	1.00	1.00	**$500,000**	$500,000

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
						TOTAL	$500,000	$500,000

Line Item #	Contractual Other Narrative:
1	Regional Prevention Providers — Unit Cost/Rate $500,000.00 — Basis 1 — Quantity 1.00 — Duration 1.00 — Other Cost $500,000 1. By 09/29/2025, and annually thereafter, regional capacity to implement data driven prevention strategies as measured by number of sub-grantee prevention contracts and monthly activity monitoring of activities delivered in high-need communities. 2. Collaborate with Prevention Regions with identified underserved communities with high substance misuse risks to develop and disseminate state-of-the-art, culturally relevant substance misuse prevention and treatment resources. 3. By 09/29/2025, improve access to culturally and linguistically appropriate prevention education trainings as measured by development of standardized opioid response training curriculum in English and Spanish. By 09/29/2026, provide translated curriculum materials in Vietnamese and Marshallese. 4. Partner with an outside entity to distribute and train counties across the state as well as identify interested parties in receiving naloxone based on the distribution plan to meet the need of 100% saturation across all 75 counties throughout the grant period. 75% of participants will report increased confidence related to identifying signs and symptoms of opioid misuse as evidenced by post-training surveys. 5. By 09/29/2025, and annually thereafter, improve capacity of regional prevention providers to identify communities in need of naloxone as measured by maintenance of OSAMH Naloxone Distribution map and program documentation of naloxone distributed to targeted communities as a result. 6. By 09/29/2025, and annually thereafter, increase regional capacity to implement data driven prevention strategies as measured by number of sub-grantee prevention contracts and monthly activity monitoring of activities delivered in high-need communities.

Contractual Total Direct Charges for Prevention: Infrastructure/Underserved

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$500,000

Contractual Total Cost for Prevention: Infrastructure/Underserved

TOTAL COST	TOTAL FEDERAL REQUEST
$500,000	$500,000

Contractual Details for Prevention: Collegiate Initiatives

Agree-ment #	Services and Deliverables Provided
3	**Maximize positive health behaviors and substance use prevention outcomes throughout each region of the State of Arkansas by strategically partnering with higher education providers to reach youth and young people.**

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Prevention: Collegiate Initiatives

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	Collegiate Initiatives	☐	$500,000.00	1	1.00	1.00	**$500,000**	$500,000
						TOTAL	**$500,000**	**$500,000**

Line Item #	Contractual Other Narrative:
	Collegiate Initiatives — Unit Cost/Rate $500,000.00 — Basis 1 — Quantity 1.00 — Duration 1.00 — Other Cost $500,000
1	1. By the end of the project period in 2028, coordinate with an outside entity to utilize prevention strategies recommended by the Center for Substance Abuse Prevention (CSAP) to reduce underage drinking by 3%, as measured by the Arkansas Prevention Needs Assessment (APNA). 4. By the end of the project period in 2028, collaborate with participating schools in the Arkansas Collegiate Network to develop and disseminate prevention resources to their students. 5. By the end of the project period in 2028, increase collegiate recovery programs in the state by at least one.

Contractual Total Direct Charges for Prevention: Collegiate Initiatives

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$500,000

Contractual Total Cost for Prevention: Collegiate Initiatives

TOTAL COST	TOTAL FEDERAL REQUEST
$500,000	$500,000

Contractual Details for Treatment: Provider Development and Education

Agree-ment #	Services and Deliverables Provided
4	**Enhance the knowledge base for the workforce to better support individuals at risk or with an OUD, families and the community in prevention, treatment, and recovery supports through trainings, consultation and evaluation.**

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Treatment: Provider Development and Education

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	Provider Development and Education	☐	$450,000.00	1	1.00	1.00	**$450,000**	$450,000
						TOTAL	**$450,000**	**$450,000**

Line Item #	Contractual Other Narrative:
	Provider Development and Education — Unit Cost/Rate $450,000.00 — Basis 1 — Quantity 1.00 — Duration 1.00 — Other Cost $450,000

Line Item #	Contractual Other Narrative:
1	1. Modernize providers (prevention, treatment, and recovery) by training on the latest evidence-based techniques, skills, and assessment tools including ASAM to develop a more advanced workforce to combat substance use disorders and co-occurring disorders. 2. Develop a toolkit in collaboration with the Arkansas Department of Health to screen and treat STI, HIV, and other chronic illnesses associated with high-risk behaviors and SUD for funded providers to utilize. 3. Establish a quarterly meeting with stakeholders to discuss and educate providers and stakeholders on the importance of data collection best practices and ways to improve services based on data. 4. Contract with an outside provider to gather GPRA survey intake and follow-up data to improve the state's report to SAMHSA regarding progress toward grant requirements. 5. Identify the barriers in accessing MOUD treatment services for youth and young people through assessment and evaluation and develop a plan to mitigate these barriers.

Contractual Total Direct Charges for Treatment: Provider Development and Education

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$450,000

Contractual Total Cost for Treatment: Provider Development and Education

TOTAL COST	TOTAL FEDERAL REQUEST
$450,000	$450,000

Contractual Details for Treatment: Hub and Spoke

Agree-ment #	Services and Deliverables Provided
5	**Expand rural access to treatment for OUD and other concurrent substance use disorders.**

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Treatment: Hub and Spoke

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Hub and Spoke	☐	$650,000.00	1	1.00	1.00	**$650,000**	$650,000
						TOTAL	**$650,000**	**$650,000**

Line Item #	Contractual Other Narrative:					
	Hub and Spoke	Unit Cost/Rate $650,000.00	Basis 1	Quantity 1.00	Duration 1.00	Other Cost $650,000
1	1. Collaborate with subject matter experts and external consultants to develop a hub and spoke model for access to FDA-approved medications for the treatment of SUD for hard-to-reach populations and rural areas. 2. Provide innovative telehealth strategies in rural areas to increase the capacity of support services for OUD/stimulant use disorder prevention, treatment, and recovery.					

Line Item #	Contractual Other Narrative:
	3. Improve access to health care utilizing mobile units to reach rural areas. 4. By the end of the project period in 2028, a low-barrier Buprenorphine treatment program will be piloted in the state.

Contractual Total Direct Charges for Treatment: Hub and Spoke

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$650,000

Contractual Total Cost for Treatment: Hub and Spoke

TOTAL COST	TOTAL FEDERAL REQUEST
$650,000	$650,000

Contractual Details for Treatment: Maternal Health

Agree-ment #	Services and Deliverables Provided
6	**Decrease severity of social determinates of health which negatively impact overall wellness of mothers, pregnant women, and their children in Specialized Women's Services programs.** **Work with DCFS to develop braided funding for Substance Use Services programs.**

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Treatment: Maternal Health

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Maternal Health	☐	$1,523,827.00	1	1.00	1.00	**$1,523,827**	$1,523,827
						TOTAL	**$1,523,827**	**$1,523,827**

Line Item #	Contractual Other Narrative:
1	Maternal Health — Unit Cost/Rate $1,523,827.00 — Basis 1 — Quantity 1.00 — Duration 1.00 — Other Cost $1,523,827 1. Contract with an outside entity to provide specialized maternal health services to pregnant women in SWS programs and to pregnant women at risk of needing SWS programs. 2. Identify pregnant women in collaboration with an outside entity working with justice-involved mothers, family court cases, or other entities to enroll them into services related to prenatal care and system navigation. 3. Develop a toolkit to educate providers in reducing discrimination for mothers and pregnant women needing SWS services. 4. Increase current admissions to SWS treatment by 10% through increasing accessibility of childcare services for mothers which is a deterrent to women admitting to SUD treatment. 5. Contract with an outside entity to assess and evaluate the effectiveness of SWS services in meeting the needs of mothers and pregnant women.

Line Item #	Contractual Other Narrative:
	1. Establish regularly scheduled meetings with stakeholders from DCFS, OSAMH, SUD treatment providers, and other interested parties to examine the data regarding unmet needs of pregnant and parenting women, families, and youth in care with SUD-related services and develop a collaborative resource network to address barriers. 2. Review and align contract language by both DCFS and OSAMH for contracts providing SUD-related services to pregnant and parenting women, families, and youth in care to produce a more collaborative, evidence-based, and relevant care plan by the end of the project period. 3. By the end of the project period in 2028, OSAMH will establish a working partnership with an early childhood development entity to address childcare, child development, parenting needs, and other services for pregnant and parenting women in SUD-related services.

Contractual Total Direct Charges for Treatment: Maternal Health

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$1,523,827

Contractual Total Cost for Treatment: Maternal Health

TOTAL COST	TOTAL FEDERAL REQUEST
$1,523,827	$1,523,827

Contractual Details for Treatment: Justice Involved Population

Agree-ment #	Services and Deliverables Provided
7	**Reduce relapse and overdoses for the justice-involved population.**

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Treatment: Justice Involved Population

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Justice Involved	☐	$500,000.00	1	1.00	1.00	**$500,000**	$500,000
						TOTAL	**$500,000**	**$500,000**

Line Item #	Contractual Other Narrative:
1	Justice Involved — Unit Cost/Rate $500,000.00 — Basis 1 — Quantity 1.00 — Duration 1.00 — Other Cost $500,000 1. Collaborate with stakeholders to develop a roadmap for justice-involved individuals to receive the full continuum of care including MAT treatment. 2. Increase the number of active participants receiving justice-involved peer recovery support services in specialty courts as recorded on Goodgrid by 10% as an avenue towards recovery resources and referrals. 3. Implement a centralized reporting and management program in conjunction with an outside entity for justice-involved peer recovery support specialists as they work in specialty courts.

Contractual Total Direct Charges for Treatment: Justice Involved Population

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$500,000

Contractual Total Cost for Treatment: Justice Involved Population

TOTAL COST	TOTAL FEDERAL REQUEST
$500,000	$500,000

Contractual Details for Treatment: Youth and Young People

Agreement #	Services and Deliverables Provided
8	**Maximize positive health behaviors and substance use prevention outcomes throughout each region of the State of Arkansas.**

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Treatment: Youth and Young People

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Youth and Young People	☐	$500,000.00	1	1.00	1.00	**$500,000**	$500,000
						TOTAL	**$500,000**	**$500,000**

Line Item #	Contractual Other Narrative:
1	Youth and Young People — Unit Cost/Rate $500,000.00 — Basis 1 — Quantity 1.00 — Duration 1.00 — Other Cost $500,000 1. Partnership with existing school based resiliency and mental health training programs to improve the mental wellbeing of youth and young people who intersect with substance use prevention, treatment, and recovery. 2. By the end of the project period in 2028, coordinate with outside entities to increase opportunities for school-based pro-social involvement by 20% (as measured by APNA) in high-poverty areas and those counties with the highest rates of substance misuse to support and engage youth ages 12-25. 3. By the end of the project period in 2028, contract with an outside entity to create educational opportunities to train counselors at participating schools to utilize the Screening, Brief Intervention, Referral and Treatment (SBIRT) method to promote annual screenings of students for opioid, stimulant, and prescription drug misuse and to implement evidence-based universal prevention interventions.

Contractual Total Direct Charges for Treatment: Youth and Young People

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$500,000

Contractual Total Cost for Treatment: Youth and Young People

TOTAL COST	TOTAL FEDERAL REQUEST
$500,000	$500,000

Contractual Details for Recovery: Recovery Community Organization Development

Agree-ment #	Services and Deliverables Provided
9	**Work towards RCOs being the centralized custodians for the peer recovery support workforce in the community.**

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Recovery: Recovery Community Organization Development

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Recovery Community Organizations	☐	$1,000,000.00	1	1.00	1.00	**$1,000,000**	$1,000,000
						TOTAL	**$1,000,000**	**$1,000,000**

Line Item #	Contractual Other Narrative:
1	Recovery Community Organizations — Unit Cost/Rate $1,000,000.00 — Basis 1 — Quantity 1.00 — Duration 1.00 — Other Cost $1,000,000 1. Establish regularly scheduled meetings led by a project management team with the RCO leaders to develop strategies to encourage current employers of peer recovery support specialists (PRSS) to adopt RCOs as the custodians and develop a timeline for centralizing the peer recovery support workforce. 2. By January 30, 2025, OSAMH will facilitate a community forum with healthcare providers, law enforcement agencies, justice services, community partners and other interested stakeholders to collaborate on the process of converting RCOs as the overall custodian of PRSS and develop a comprehensive referral system for recovery services through the RCOs. 3. OSAMH will plan, with or without outside entities, technical assistance on best practices for RCO development and management to increase capacity of peer recovery support services in underserved and/or rural areas.

Contractual Total Direct Charges for Recovery: Recovery Community Organization Development

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$1,000,000

Contractual Total Cost for Recovery: Recovery Community Organization Development

TOTAL COST	TOTAL FEDERAL REQUEST
$1,000,000	$1,000,000

Contractual Details for Recovery: Specialty Court

Agree-ment #	Services and Deliverables Provided
10	By January 30, 2025, OSAMH will facilitate a community forum with healthcare providers, law enforcement agencies, justice services, community partners and other interested stakeholders to collaborate on the process of converting RCOs as the overall custodian of PRSS and develop a comprehensive referral system for recovery services through the RCOs.

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Recovery: Specialty Court

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Contract	☐	$1,500,000.00	1	1.00	1.00	**$1,500,000**	$1,500,000
						TOTAL	**$1,500,000**	**$1,500,000**

Line Item #	Contractual Other Narrative:					
1	Contract	Unit Cost/Rate $1,500,000.00	Basis 1	Quantity 1.00	Duration 1.00	Other Cost $1,500,000
	To sustain care for justice-involved individuals by investing in stabilization and recovery initiatives within the continuum of care. We will also develop Recovery Community Organizations (RCOs) to provide ongoing support and resources. Our approach aims to reduce recidivism by fostering stable employment, housing, and improved mental health outcomes post-release. The budget supports personnel, program implementation, and evaluation to ensure effective outcomes and long-term community safety.					

Contractual Total Direct Charges for Recovery: Specialty Court

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$1,500,000

Contractual Total Cost for Recovery: Specialty Court

TOTAL COST	TOTAL FEDERAL REQUEST
$1,500,000	$1,500,000

Contractual Details for Recovery: Recovery Housing Affiliate Development

Agree-ment #	Services and Deliverables Provided
11	Increase the number of NARR certified recovery residences including residences specifically tailored to accommodate families including pregnant women and children and/or individuals with co-occurring disorders.

☐ Personnel	☐ Travel	☐ Supplies	☐ Indirect Charges
☐ Fringe Benefits	☐ Equipment	☒ Other	

Contractual Other Costs for Recovery: Recovery Housing Affiliate Development

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	NARR Chapter	☐	$200,000.00	1	1.00	1.00	**$200,000**	$200,000
						TOTAL	**$200,000**	**$200,000**

Line Item #	Contractual Other Narrative:
	NARR Chapter Unit Cost/Rate $200,000.00 Basis 1 Quantity 1.00 Duration 1.00 Other Cost $200,000
1	To establish a National Alliance of Recovery Residences (NARR) credentialing standard for recovery residences across the state of Arkansas. This includes developing comprehensive policies and procedures to effectively implement the credentialing process. Additionally, AARR seeks to provide essential resources, foster a supportive community, and offer any other necessary services to bolster the recovery journey of individuals within Arkansas. By attaining these objectives, Arkansas Alliance of Recovery Residences (AARR) aims to enhance the recovery landscape in the state and promote better outcomes for individuals seeking recovery support.

Contractual Total Direct Charges for Recovery: Recovery Housing Affiliate Development

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$200,000

Contractual Total Cost for Recovery: Recovery Housing Affiliate Development

TOTAL COST	TOTAL FEDERAL REQUEST
$200,000	$200,000

Contractual Details for Recovery: Stability

Agree-ment #	Services and Deliverables Provided
12	**Advance peer recovery support services to provide evidence-based services to families in the continuum of care.**

☐ Personnel	☐ Travel	☐ Supplies	☐ Indirect Charges
☐ Fringe Benefits	☐ Equipment	☒ Other	

Contractual Other Costs for Recovery: Stability

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Vendor	☐	$250,000.00	1	1.00	1.00	**$250,000**	$250,000
						TOTAL	**$250,000**	**$250,000**

Line Item #	Contractual Other Narrative:
	Vendor Unit Cost/Rate $250,000.00 Basis 1 Quantity 1.00 Duration 1.00 Other Cost $250,000
1	1. By the end of the grant period, OSAMH will contract with an outside entity to develop and provide specialty training of recovery support services for pregnant and parenting women with substance use and related issues as well as a specialty training for family support services. 2. Increase the number of NARR certified recovery residences including residences specifically tailored to accommodate families including pregnant women and children and/or individuals with co-occurring disorders. 3. OSAMH will outsource the peer certification process including applications, testing, training, and ethics enforcement to a nationally recognized credentialing entity. 4. Partner with an outside entity to schedule, plan, and implement core, advanced, and supervisor training for the continuation and growth of the PRSS workforce.

Contractual Total Direct Charges for Recovery: Stability

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$250,000

Contractual Total Cost for Recovery: Stability

TOTAL COST	TOTAL FEDERAL REQUEST
$250,000	$250,000

Contractual Details for Recovery: Continuum of Care

Agree-ment #	Services and Deliverables Provided
13	Provide innovative telehealth strategies in rural areas to increase the capacity of support services for OUD/stimulant use disorder prevention, treatment, and recovery.

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Recovery: Continuum of Care

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Innovation	☐	$165,000.00	1	1.00	1.00	**$165,000**	$165,000
						TOTAL	**$165,000**	**$165,000**

Line Item #	Contractual Other Narrative:					
1	Innovation	Unit Cost/Rate $165,000.00	Basis 1	Quantity 1.00	Duration 1.00	Other Cost $165,000
	Use of innovative telehealth strategies to reach those who are in rural areas with recovery support services.					

Contractual Total Direct Charges for Recovery: Continuum of Care

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$165,000

Contractual Total Cost for Recovery: Continuum of Care

TOTAL COST	TOTAL FEDERAL REQUEST
$165,000	$165,000

Contractual Details for Data Collection: Survey Center for GPRA Collection

Agree-ment #	Services and Deliverables Provided
14	Contract with an outside provider to gather GPRA survey intake and follow-up data to improve the state's report to SAMHSA regarding progress toward grant requirements.

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Data Collection: Survey Center for GPRA Collection

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Survey Contract	☐	$450,000.00	1	1.00	1.00	**$450,000**	$450,000
						TOTAL	**$450,000**	**$450,000**

Line Item #	Contractual Other Narrative:					
1	Survey Contract	Unit Cost/Rate $450,000.00	Basis 1	Quantity 1.00	Duration 1.00	Other Cost $450,000
	Government Performance and Results Act (GPRA) Assessment data collection by survey center to increase follow up rate.					

Contractual Total Direct Charges for Data Collection: Survey Center for GPRA Collection

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$450,000

Contractual Total Cost for Data Collection: Survey Center for GPRA Collection

TOTAL COST	TOTAL FEDERAL REQUEST
$450,000	$450,000

Contractual Details for **Evaluation: Survey Analysis Center**

Agree-ment #	Services and Deliverables Provided
15	Program Evaluation

☐ Personnel ☐ Travel ☐ Supplies ☐ Indirect Charges
☐ Fringe Benefits ☐ Equipment ☒ Other

Contractual Other Costs for Evaluation: Survey Analysis Center

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Contractual Other Cost**	
1	Program Evaluation	☐	$375,000.00	1	1.00	1.00	**$375,000**	$375,000
						TOTAL	**$375,000**	**$375,000**

Line Item #	Contractual Other Narrative:					
1	Program Evaluation	Unit Cost/Rate $375,000.00	Basis 1	Quantity 1.00	Duration 1.00	Other Cost $375,000
	Comprehensive Program Evaluation will be preformed by Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming. Evaluation will include metrics including maintenance of the current data collection systems and determination of necessary indicators needed. Regular meetings will be scheduled with Arkansas DHS staff members to discuss data collection concerns. Vendor will provide training and technical assistance when to providers and staff when needed in regard to data collection and analysis.					

Contractual Total Direct Charges for Evaluation: Survey Analysis Center

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST
	$375,000

Contractual Total Cost for Evaluation: Survey Analysis Center

TOTAL COST	TOTAL FEDERAL REQUEST
$375,000	$375,000

G. Construction: Not Applicable

H. Other

Line Item #	Item	Check if Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	**Other Cost**	

Line Item #	Item	Check if Minor A&R	Calculation					FEDERAL REQUEST
			Unit Cost / Rate	Basis	Quantity	Duration	Other Cost	
1	Rx Summit Registration Fees	☐	$775.00	1	6.00	1.00	**$4,650**	$4,650
2	Non Cash Incentives	☐	$30.00	2	600.00	1.00	**$18,000**	$18,000
						TOTAL	**$22,650**	**$22,650**

Line Item #	Other Narrative:					
1	Rx Summit Registration Fees	Unit Cost/Rate $775.00	Basis 1	Quantity 6.00	Duration 1.00	Other Cost $4,650
	Maxium Access Package: Nonprofit, Government, Academic with on demand access for 3 months.					
2	Non Cash Incentives	Unit Cost/Rate $30.00	Basis 2	Quantity 600.00	Duration 1.00	Other Cost $18,000
	$30 non cash incentives for required data collection follow up.					

I. Total Direct Charges

TOTAL DIRECT CHARGES	TOTAL FEDERAL REQUEST
	$9,679,633

J. Indirect Charges

Type of IDC Rate / Cost Allocation Plan

We elect to charge the de minimis rate of 10%

De Minimis Rate Statement (we have never received a federally negotiated IDC rate):

We have never received an approved federally negotiated IDC rate and we are electing to charge the de minimis rate of 10% of modified total direct costs (MTDC) until such time we have an approved federally negotiated IDC rate. We will use the de minimis rate consistently for all federal awards until we choose to negotiate for an IDC rate, which we may apply to do at any time.

Indirect Charges

Calculation			FEDERAL REQUEST
De Minimis Rate (%)	MTDC Base	IDC	
10.00%	$9,679,633	$967,963	$967,963
	TOTAL	**$967,963**	**$967,963**

Indirect Charges Narrative:
10% de minimus charge for grant administration

REVIEW OF COST SHARING AND MATCHING

Cost sharing or matching is not required for this grant.

BUDGET SUMMARY: YEAR 1

BUDGET CATEGORY	FEDERAL REQUEST
A. Personnel	$582,607
B. Fringe Benefits	$221,393
C. Travel	$39,156
D. Equipment	$0
E. Supplies	$0
F. Contractual	$8,813,827
G. Construction (N/A)	$0
H. Other	$22,650
I. Total Direct Charges (sum of A to H)	**$9,679,633**
J. Indirect Charges	$967,963
Total Projects Costs (sum of I and J)	**$10,647,596**

BUDGET SUMMARY FOR REQUESTED FUTURE YEARS

	Year 2	Year 3	Year 4	Year 5
Budget Category	**FEDERAL REQUEST**	**FEDERAL REQUEST**	**FEDERAL REQUEST**	**FEDERAL REQUEST**
A. Personnel				
B. Fringe Benefits				
C. Travel				
D. Equipment				
E. Supplies				
F. Contractual				
G. Construction	$0	$0	$0	$0
H. Other				
I. Total Direct Charges (sum A to H)	**$0**	**$0**	**$0**	**$0**
J. Indirect Charges				
Total Project Costs (sum of I and J)	**$0**	**$0**	**$0**	**$0**

Budget Summary Narrative:

FUNDING LIMITATIONS / RESTRICTIONS

Funding Limitation/Restriction

	Year 1	Year 2	Year 3	Year 4	Year 5	Total for Budget Category
A. Personnel						
B. Fringe Benefits						
C. Travel						
D. Equipment						
E. Supplies						
F. Contractual						
H. Other						
I. Total Direct Charges (sum A to H)						
J. Indirect Charges						
TOTAL for the Budget Year						
Percentage of the Budget	0.000%					

Funding Limitation/Restriction Narrative:

BNF

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.				$10,647,596	$0	$10,647,596
2.						
3.						
4.						
5. Totals				$10,647,596	$0	$10,647,596

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BNF

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	$582,607	$0			$582,607
b. Fringe Benefits	$221,393	$0			$221,393
c. Travel	$39,156	$0			$39,156
d. Equipment	$0	$0			$0
e. Supplies	$0	$0			$0
f. Contractual	$8,813,827	$0			$8,813,827
g. Construction	$0	$0	$0	$0	$0
h. Other	$22,650	$0			$22,650
i. Total Direct Charges (sum of 6a-6h)	$9,679,633	$0			$9,679,633
j. Indirect Charges	$967,963	$0			$967,963
k. TOTALS (sum of 6i and 6j)	$10,647,596	$0			$10,647,596
7. Program Income					

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.				
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)				

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	$0	$0	$0	$0
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$0	$0	$0	$0

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

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Statement of Certification

Arkansas DHS Office of Substance Abuse and Mental Health will certified that all provider organizations providing direct client services appropriate for this award will show evidence in the form of official documents that the organization has provided mental health/substance use disorder prevention, treatment and/or recovery support services for the last two years as of July 1, 2024 and are in compliance with all applicable local and state licensing, accreditation, and certification requirements as of July 1, 2024.

Attachment 2: Data Collection Instruments/Interview Protocols

PROGRAM STAFF AND SERVICE PARTNERS TREATING AT-RISK PREGNANT AND EARLY PARENTING WOMEN STUDY
INTERVIEW PROTOCOL AND INTERVIEW QUESTIONS

Hi, my name is _____, and I will be your interviewer for this DHS/OSAMH research project. First, thank you for your participation. I know how busy you are, and I appreciate you taking the time out of your day to talk with me. You've been invited here today because you are a program administrator/medical professional/staff/service provider (choose one) working with at-risk pregnant and/or early parenting women who currently have substance use issues in Arkansas. We would like to talk to you about your program/service (choose one) treating/working (choose one) with at-risk pregnant and/or early parenting women clients with substance misuse issues/substance use disorder. We are interested in what your program/service provider (choose one) offers and what your role is working with these clients. We are trying to better understand the characteristics and variety of treatment and services offered, and how these programs and services are connected throughout the state of Arkansas.

Just to be clear, you can choose whether or not to participate in this interview and you can stop at any time. Although the interview will be digitally recorded for notetaking purposes, your responses will remain anonymous, and your name will not be mentioned in any report. The results of the interviews will be reported in aggregate. While I may capture some meaningful quotes, they will not be connected to you personally. There are no right or wrong answers to the interview questions. This interview should take about 30 minutes.

Do you have any questions before we begin?

Introduction

To get started, why don't you tell me a little bit about your job and any training you received to work with at-risk pregnant or early parenting women with substance misuse or substance use disorder issues?

- How long have you been working in this field?
- How long have you worked here?
- Approximately how many clients do you see in a week?

Prompts for Discussion

- What are the main activities or services offered to this particular population?
- What is the philosophy or approach of your program/service?
    - How does your program's philosophy influence the services you offer?
    - How does your approach differ from other similar programs?
    - Can you provide an example of how your program's philosophy is applied in daily activities or operations?
    - Can you describe a success story that illustrates your program's philosophy in action?
- Working with at-risk pregnant or early parenting women, what are the anticipated outcomes of the treatment and/or services you provide?
    - For the client

- For the family
- For the community

Conclusion

The goal of this interview is to better understand the characteristics and variety of treatment and services offered to at-risk pregnant women and early parenting women, and how these programs and services are connected throughout the state of Arkansas. The information that you provide will help the Arkansas Department of Human Services/Office of Substance Abuse and Mental Health gain a better understanding of how to reduce unmet treatment needs for substance misuse and substance use disorder and health related issues with this population in the state of Arkansas. This interview is one data collection method we are using to gather information.

Is there anything you would like to add that we haven't covered?

Thank you for participating in the interview. We appreciate you taking the time out of your day to be part of our study.

YOUNG ADULTS FORMERLY IN FOSTER CARE
FOCUS GROUP PROTOCOL AND FOCUS GROUP QUESTIONS

Hi, my name is _____, and I will be the moderator for this DHS/OSAMH research project. This is my colleague _____. First, thank you for your participation. We know how busy you are, and we appreciate you taking the time out of your day to talk with us. We've invited you here today because you were formerly in foster care in Arkansas, and because of that, many of you share some common experiences. We would like your opinions on what should be included in a program to prevent alcohol and drug use among young people in foster care. Each of you may also have somewhat different opinions concerning topics related to your experiences. That's why it's important that each of you tell us about your thoughts – even if it's different from what everyone else has to say. We don't expect everyone to have the same perspective, so if you disagree with something, don't be afraid to speak up. Often, we learn the most when people have different ideas about something. There are no right or wrong answers or ideas.

It is important to understand we will be asking about alcohol and drug use, in general, among your peers. We will NOT be asking about your personal alcohol and drug use. It is also important to understand that your participation is voluntary, you do not have to answer any questions that make you feel uncomfortable, and you can end your participation at any time. Your participation will not affect your access to any benefits or services. The focus group should run for about 60-90 minutes.

My job is to introduce topics and try to keep the discussion on track AND make sure everyone gets a chance to talk. Please be mindful of other people, let them speak fully, and act respectfully toward your fellow participants. _____ (colleague) will be taking notes because we will be meeting around 4-6 groups of young adults formerly in foster care around the state, and we want to be able to keep track of what the different groups say. If it's okay with everyone, we will also be recording the discussion so that we don't miss any of your comments. We will be using each other's first names only during our discussion; but when we write up our summaries, no names will be used. [the *note-taker]* and I will keep all of the information you share with us confidential, and we ask that all of you do too.

Are there any questions before we begin? We will now go through the consent form and answer any questions you might have.

Introduction

Explain importance of study using current data from Arkansas.

- In 2022, there were 4,524 children in foster care in Arkansas.
- 4 out of 10 children in foster care in the United States have parents with substance abuse issues.
- A national study indicated that 1 in 5 foster children acknowledged tolerance for alcohol, while 22% reported drug use in the past year.

Prompts for Discussion

1. *Think back to your younger self. If one of your friends wanted to avoid getting involved in alcohol or drugs, what advice would you give them?*
    a. What do you think are effective motivators to prevent young people from getting involved with alcohol and/or drugs?
    b. How would you communicate these motivators to one of your peers?
    c. What tactics would you use to try and convince them (personal experience, facts/knowledge you learned from a trusted source, etc.).
    d. If someone had already started using alcohol and/or drugs, what do you think would motivate them to cut down or stop using?
2. *What features do you think are important in a program to prevent foster children from using alcohol and/or drugs?*
    a. What topics would the program cover?
    b. What kind of messages would you like to see in use to get their ideas across?
    c. Do you see the program as basically a media program, or do you see it having activities that can be done online, with printed materials, face-to-face meetings, etc.?
3. *Who should be involved in the program?*
    a. Service Providers?
    b. Mentors?
    c. Peer Recovery Specialists?
    d. Counselors?

Conclusion

The moderator provides a short overview of the purpose of the study (5 minutes before end of focus group).

The goal of this focus group is to gather information to better understand the alcohol and drug prevention needs of youth in foster care. The information that you provide will help the Arkansas Department of Human Services/Office of Substance Abuse and Mental Health (DHS/ OSAMH) gain a better understanding of what should be included in a program to prevent alcohol and drug use among young people in foster care. This focus group is one data collection method we are using to gather information.

- Is there anything anyone would like to add that we haven't covered?

Thank you for participating in the focus group. We appreciate you taking the time out of your day to be part of our study.

COLLEGE STUDENTS IN RECOVERY INTERVIEW PROTOCOL AND INTERVIEW QUESTIONS

Hi, my name is _____, and I will be your interviewer for this DHS/OSAMH research project. First, thank you for your participation. I know how busy you are, and I appreciate you taking the time out of your day to talk with me. You've been invited here today because you are part of a Collegiate Recovery Community in Arkansas. We would like to talk to you about your participation in this community and why you chose to be part of this group. We are interested in what the program offers, what you feel works best, and what could be done better in this type of program. We are trying to better understand the characteristics of services offered and how these programs could be proliferated in colleges and universities throughout the state of Arkansas.

It is important to understand we will be talking about alcohol and drug use, in general, and that we will NOT be asking about your personal alcohol and drug use. You choose what information you want to provide to us. Your participation in this interview is completely voluntary. You can choose whether or not to participate in this interview and you can stop at any time. Although the interview will be digitally recorded for notetaking purposes, your responses will remain anonymous, and your name will not be mentioned in any report. The results of the interviews will be reported in aggregate. While I may capture some meaningful quotes, they will not be connected to you personally. There are no right or wrong answers to the interview questions.

Do you have any questions before we begin?

Introduction

To get started, why don't you tell me a little bit about what you're studying here, how far along you are in your studies, and what your career goals are at this time.

Prompts for Discussion

- What prompted you to join this recovery community here on campus?
- What services or events do you participate in?
- What part of the program do you feel has benefited you the most?
- How has participating in this program changed your life?
- Is there anything that you feel could be added to the programming that is offered through this organization?
- Do you feel there is any stigma in being part of this recovery community?
    - How do you feel about that?
    - What do you do, if anything, to deal with it?
- What services do you feel you might still need after you graduate?
    - How will you go about getting them?

Conclusion

The goal of this interview is to better understand the characteristics of services offered and how these programs could be proliferated in colleges and universities throughout the state of Arkansas. The information that you provide will help the Arkansas Department of Human Services/Office of Substance Abuse and Mental Health (DHS/OSAMH) gain a better understanding of how to reduce unmet treatment needs for substance misuse and substance use

disorder and health related issues at colleges and universities in the state of Arkansas. This interview is one data collection method we are using to gather information.

Is there anything you would like to add that we haven't covered?

Thank you for participating in the interview. We appreciate you taking the time out of your day to be part of our study.

Attachment 3: Sample Consent Forms

PROGRAM STAFF AND SERVICE PARTNERS TREATING AT-RISK PREGNANT AND EARLY PARENTING WOMEN STUDY CONSENT FORM

Thank you for agreeing to participate in this interview. We are speaking with you because of your role as a as an administrator/medical professional/staff/service provider working with at-risk pregnant and/or early parenting women with substance use disorder and related issues in Arkansas. The purpose of this interview is to better understand the characteristics and variety of treatment and services offered to this population, and how these programs and services are connected throughout the state of Arkansas. The Arkansas Department of Human Services/Office of Substance Abuse and Mental Health (DHS/OSAMH) aims to reduce unmet treatment needs and drug overdose deaths by gathering information about treatment and recovery programs in the state of Arkansas. Interviews are one data collection method we are using to assess to gather this information. This interview will take approximately 30-45 minutes and will be recorded for noting purposes only. Your participation in this interview is entirely voluntary. You may choose not to answer any or all of the questions, and you may choose to end the interview at any time. Your answers will be kept confidential, and at no time will your name be attached to your answers or to any of the data collected through this discussion.

We will be reporting the results of the interviews in aggregate. While I may capture some meaningful quotes, they will not be connected to any individual. I am interested in both majority and minority viewpoints, as well as common and uncommon experiences. I will not be upset by critical commentary, nor will that count as a strike against you, so please do not hold back even if you feel your comments may be discouraging. I am interested in your experiences and opinions concerning treatment and recovery options for at-risk pregnant and/or early parenting women with substance use disorder and related issues. After the interview, if you have feelings of discomfort or distress resulting from discussing this topic, BLANK is available to you at BLANK.

If you have questions about your rights as a research subject, please contact the University of Wyoming IRB Administrator, at (307) 766-5320. You may also contact Dr. Andria Blackwood at the Wyoming Survey & Analysis Center, at (734) 678-5428 for general questions about this project.

"My participation is voluntary and my refusal to participate will not involve penalty or loss of benefits to which I am otherwise entitled, and I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled. I understand a copy of this document will be given to me for my records."

_____ Participant name

I consent to be recorded during this interview: □ YES □ NO _____ Date

YOUNG ADULTS FORMERLY IN FOSTER CARE
FOCUS GROUP PROTOCOL AND FOCUS GROUP CONSENT FORM

Thank you for agreeing to participate in this focus group. The purpose of this focus group is to hear your opinions on what should be included in a program to prevent alcohol and drug use among young people in foster care. **We are not asking about your individual alcohol and/or drug use, but about your feelings and opinions concerning potential prevention programs for foster care youth in Arkansas.** The Arkansas Department of Human Services/Office of Substance Abuse and Mental Health (DHS/OSAMH) is collecting data in this area to gain a better understanding of the needs in prevention programming for foster care children. This focus group is one data collection method we are using to gather information.

This focus group will take approximately 1 to 1 ½ hours. Your participation is entirely voluntary. Your answers to questions will be kept confidential, and at no time will your name be attached to your answers or to any of the data collected through this discussion. You will receive a $25 gift card for your participation. You do not have to answer any question that makes you feel uncomfortable, and you may choose to leave the focus group at any time. You will receive your $25 gift card whether you complete the focus group session or not.

We will be reporting the results of this focus group in aggregate. While we may capture some meaningful quotes, they will not be connected to any individual. In order to protect confidentiality and to make everyone comfortable here today, we ask that you do not discuss specific things that any particular person said here after we leave. We are interested in both majority and minority viewpoints. We will not be upset by critical commentary, nor will that count as a strike against you, so please do not hold back even if you feel your comments may be discouraging or unpopular. During or after the focus group, if you have any feelings of discomfort or distress resulting from discussing this topic, please call BLANK at (XXX) XXX-XXXX to connect to a free virtual mental health clinic.

During the focus group, we will ask you questions, and will listen to what you have to say. We will not participate in the discussion. Please feel free to respond to each other and speak directly to others in the group during the discussion. We want to hear from all of you. We may sometimes ask someone to speak who has been quiet or ask someone to hold their thought for a few minutes.

If you have questions about your rights as a research subject, please contact the University of Wyoming IRB Administrator, at 307-766-5320. You may also contact Dr. Andria Blackwood, at (734) 678-5428 for general questions about this project.

"My participation is voluntary and my refusal to participate will not involve penalty or loss of benefits to which I am otherwise entitled, and I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled."

_____ Participant name (please print)

_____ Participant signature

_____ Date

I consent to be recorded during this focus group: □ YES □ NO

_____ Date

COLLEGE STUDENTS IN RECOVERY INTERVIEW CONSENT FORM

Thank you for agreeing to participate in this interview. We are speaking with you because of your participation in a Collegiate Recovery Community in Arkansas. The purpose of this interview is to better understand the what you feel works best, and what could be done better in this type of recovery program. The Arkansas Department of Human Services/Office of Substance Abuse and Mental Health (DHS/OSAMH) aims to reduce unmet treatment needs and drug overdose deaths by gathering information about treatment and recovery programs in the state of Arkansas. Interviews are one data collection method we are using to assess to gather this information. This interview will take approximately 30-45 minutes and will be recorded for noting purposes only. Your participation in this interview is entirely voluntary. You may choose not to answer any or all of the questions, and you may choose to end the interview at any time. Your answers will be kept confidential, and at no time will your name be attached to your answers or to any of the data collected through this discussion.

We will be reporting the results of the interviews in aggregate. While I may capture some meaningful quotes, they will not be connected to any individual. I am interested in both majority and minority viewpoints, as well as common and uncommon experiences. I will not be upset by critical commentary, nor will that count as a strike against you, so please do not hold back even if you feel your comments may be discouraging. I am interested in your experiences and opinions concerning recovery options college students with substance use disorder and related issues. After the interview, if you have feelings of discomfort or distress resulting from discussing this topic, BLANK is available to you at BLANK.

If you have questions about your rights as a research subject, please contact the University of Wyoming IRB Administrator, at (307) 766-5320. You may also contact Dr. Andria Blackwood at the Wyoming Survey & Analysis Center, at (734) 678-5428 for general questions about this project.

"My participation is voluntary and my refusal to participate will not involve penalty or loss of benefits to which I am otherwise entitled, and I may discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled. I understand a copy of this document will be given to me for my records."

_____ Participant name

I consent to be recorded during this interview: □ YES □ NO _____ Date

Timeline for Arkansas OASMH SOR IV

Dates by	Key Activities	Responsible Staff
Pre-Award	Develop Strategic Plan	OSAMH
December 2024	Hire Project Staff	OSAMH
December 2024 & Quarterly	Complete all reporting requirements as they come due to SAMHSA through the appropriate reporting portal for that report	OSAMH
January 2025 & Quarterly	Needs Assessment – update needs assessment and develop strategies to address underserved populations and service gaps	OSAMH & Sub-grantees
January 2025 & Quarterly	Strategic Plan – update strategic plan to address gaps in the continuum of care	OSAMH
February 2025 & ongoing	Service Delivery Begins - Develop/execute subrecipient contracts for direct services with additional requirements to implement evidence-based practices for treatment. Direct services will include, but not limited to, MOUD, contingency management, hub & spoke models, SAMSHA-certified OTPs, addiction specialty care, non-specialty settings, inpatient/residential programs, primary care settings, low barrier MOUD treatment program pilots, telehealth strategies for rural areas, care coordination, and case management.	OSAMH & Sub-grantees
February 2025 & ongoing	Youth and Young Adults - Develop/execute subrecipient contracts for youth and young adults (Ages 16-25) to increase access and remove barriers to MOUD, fund behavioral health services, support family-based treatment and naloxone use, train school staff in substance misuse prevention, and support recovery high schools and collegiate programs.	OSAMH & Sub-grantees
February 2025 & ongoing	Prevention and Education - Implement prevention and education services including training of peers and first responders on opioid overdose recognition and naloxone use, development of community prevention efforts and evidence-based universal prevention interventions. Develop/execute subrecipient contacts to purchase and distribute naloxone based on the distribution plan.	OSAMH & Sub-grantees
February 2025 & ongoing	Recovery Support Services – Develop/execute subrecipient contracts for recovery support services including recovery coaching, vocational training, employment support, transportation, childcare, legal service linkages, recovery community organizations, temporary housing supports, hygiene kits, dental kits, and recovery housing.	OSAMH & Sub-grantees
February 2025 & ongoing	Harm Reduction - Support integrated harm reduction services in adherence to legal requirements.	OSAMH & Sub-grantees
February 2025 & ongoing	Justice-Involved Populations -Expand MOUD treatment for incarcerated individuals and support transition and recovery services post-release.	OSAMH & Sub-grantees

February 2025 & ongoing	Technical Assistance and Training –- Utilize SAMHSA-funded resources for training on evidence-based practices and ensure practitioners meet MATE Act Training Requirements.	OSAMH & Sub-grantees
February 2025 & ongoing	Health Services - Collaborate and coordinate with other opioid grants in the state and insurance to avoid duplication of service for the provision of testing for HIV, viral hepatitis, STIs, and potential medical complications of OUD or stimulant use disorder and referrals for appropriate treatment when positive and for the provision of offers or referrals for vaccinations, including Hepatitis A, B, HPV, Meningococcal, Pneumococcal, TDaP, and Zoster.	OSAMH & Sub-grantees
December 2028	Complete all invoice payments for grant allocations	OSAMH
January 2029	Complete grant close out report through appropriate reporting portal	OSAMH

Jennifer Shuler MNSc, RN, APRN, ACNP-BC, PMHNP-BC

700 Main St. Little Rock, AR 72203 501-534-4018 jennifer.shuler@dhs.arkansas.gov

EDUCATION

University of Arkansas for Medical Sciences	December 2010
Master of Nursing Science	
Post Masters Certificate	December 2023
Arkansas State University	May 2005
Bachelor of Science in Nursing	

LICENSURE

Advanced Practice Registered Nurse	A003533
Registered Nurse	R072729

CERTIFICATIONS

- Psychiatric Mental Health Nurse Practitioner, Board Certified, American Nurses Credentialing Center
- Acute Care Nurse Practitioner Board Certified, American Nurses Credentialing Center
- American Heart Association BLS, ACLS, PALS Instructor

WORK EXPERIENCE

Pulaski Heights Wellness Clinic February 2024-Present

Owner, Psychiatric Mental Health Nurse Practitioner

Arkansas Department of Human Services September 2023-Present

Assistant Director, Substance Use Prevention, Treatment and Recovery Services SSA, SOTA

Arkansas Department of Human Services December 2018-September 2023

Nurse Practitioner, State Opioid Treatment Authority

North Metro Medical Center February 2018-December 2018

Advanced Practice Registered Nurse, Hospitalist

Arkansas Spine and Pain June 2016-February 2018

Advanced Practice Registered Nurse

Baptist Health Neurology Outpatient Clinic October 2015-June 2016

Advanced Practice Registered Nurse

UAMS Myeloma Institute March 2015-October 2015

Advanced Practice Registered Nurse

UAMS General Internal Medicine May 2014-March 2015

Advanced Practice Registered Nurse, Hospitalist

Arkansas Cardiology October 2011-April 2014

Advanced Practice Registered Nurse

Arkansas Spine and Pain April 2011-September 2011

Advanced Practice Registered Nurse

HONORS

AY Best Women in Healthcare, 2020, 2021, 2022

Arkansas Center for Nursing 40 Outstanding Nurse Leaders Under 40, 2021

Arkansas Department of Human Services Susan Burton Team Excellence Awards 2020 Innovation 1st and 2nd Quarter Winner; Procurement Pivots During Pandemic

Arkansas Department of Human Services Susan Burton Team Excellence Awards 2020 Innovation 1st and 2nd Quarter Winner; PPE Task Force

Arkansas Department of Human Services Susan Burton Team Excellence Awards 2021 Overall Winner, Shot in the Arm

Arkansas Department of Human Services Distinguished Service Award, November 2021

PUBLICATIONS

"The Arkansas Opioid Epidemic" Arkansas Nurse Practitioner Association Newsletter Winter 2019

"Best Practices in Medication Assisted Treatment for Opioid Use Disorder" Healthcare Journal of Arkansas March/April 2020

"Introduction to Medication Assisted Treatment for Opioid Use Disorder" ASBN Update May 2022 Volume 26 Number 3

SOR IV Project Director
Position Description

1. Title of position
    a. Assistant Director, Substance Use Prevention, Treatment, and Recovery Services
2. Description of duties and responsibilities
    a. Services as assistant director for substance use prevention, treatment and recovery services in the Office of Substance Abuse and Mental Health. Assumes role of SSA. May cover role of SOTA. Will represent Arkansas at annual meetings as requested. Responsible for all aspects of grant management for substance use block grant, state opioid response grant, partnership for success grant, and any other federal grant as assigned. Responsible for contract management, vendor relationships, and coordination with finance and procurement departments. Assumes role of supervisor for treatment use director, prevention director, and recovery director.
3. Qualifications for position
    a. Masters degree
4. Supervisory relationships
    a. SU Treatment Director
    b. SU Prevention Director
    c. SU Recovery Director
5. Skills and knowledge required
    a. Experience with grant management
    b. Experience with SU treatment
6. Amount of travel and any other special conditions or requirements
    a. Travel in and out of state
7. Salary range
    a. $89,368 to $128,690
8. Hours per day or week
    a. Monday-Friday, 8:00-4:30 pm, no weekends or holidays

Biographical Sketch for DHS Data Coordinator

1. Name of staff member: Amanda Vardaman
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study:
    a. Arkansas High School, Benton, Arkansas, 10/2012 - 11/2012, High School Diploma (2012)
    b. Bauxite High School, Bauxite, Arkansas, 8/2007 – 10/2012
3. Professional experience:
    a. Grant Management - acquisition, administration, and reporting of grants to support an organization's initiatives, ensuring compliance and effective communication with donors
    b. Communications – effectively conveyed an organization’s mission, values, and initiatives to various stakeholders
    c. Data analysis - utilized statistical techniques and analytical tools to interpret complex datasets, uncovered actionable insights, and informed strategic decision-making within the organization
    d. Graphic design - translated concepts and ideas into visually appealing designs
    e. Internal auditing - conducted thorough assessments of organizational processes and controls to ensure compliance with regulations
    f. A/P and A/R - managed financial transactions, processed invoices and payments, and maintained accurate records to ensure timely payments from clients and vendors while managing outstanding receivables
    g. Training - designed and delivered engaging learning programs and materials to develop employees' skills and knowledge
    h. Legislative research - conducted thorough analyses of proposed bills, statutes, and regulations, providing valuable insights and recommendations to inform decision-making processes and ensure compliance with legal requirements
    i. Recruitment and termination - oversaw the full lifecycle of employee onboarding, from sourcing and selecting candidates to managing exit processes, ensuring smooth transitions and compliance with company policies and legal regulations
    j. Inventory - manage stock levels, track inventory movements, and optimize warehouse processes to ensure accurate and efficient handling of goods while maximizing profits
    k. Scheduling - managed and optimized appointments, meetings, and resources to ensure efficient utilization of time and personnel, facilitating smooth operations and timely delivery of services
    l. Documentation - created, organized, and maintained comprehensive records and manuals to ensure accurate and accessible documentation of processes, procedures, and policies

m. Program management - oversaw the planning, execution, and evaluation of multiple projects, ensuring alignment with organizational goals, efficient resource utilization, and timely delivery of outcomes to drive success and stakeholder satisfaction

4. Recent relevant publications: Not applicable

Position Description of DHS Data Coordinator

1. Title of position: DHS Data Coordinator
2. Description of duties and responsibilities: DHS Data Coordinator is responsible for the guarantee of all data reporting, collection, and analysis by State Opioid Response IV sub-grant awardees, including the certification of required follow-up assessments. DHS Data Coordinator is also responsible for a number of necessary maintenance provisions of data reporting platforms utilized by Arkansas Department of Human Services and Substance Abuse and Mental Health Services Administration. In addition to these core responsibilities, data coordinators often serve as the primary point of contact for resolving data-related discrepancies, whether it's identifying inconsistencies in datasets, troubleshooting technical issues with data systems, or reconciling discrepancies between different data sources. Additionally, Data Coordinator will maintain current program management of SOR sub-grant awardees, as well as other duties as assigned.
3. Qualifications for position: Must have a bachelor’s degree of equivalent number of years of experience (5) in a related field, as well as proficiency in data management tools and computer literacy.
4. Supervisory relationships: Reports to Casey Copeland, Director of Peer Services, who report to Jennifer Shuler, Assistance Director of Substance Abuse and Mental Health and Project Director for SOR IV
5. Skills and knowledge required: Problem-solving abilities are crucial for identifying and addressing data discrepancies, while analytical skills help interpret data and generate insights. Excellent organizational skills enable data coordinators to prioritize tasks and meet deadlines, while adaptability and a willingness to learn ensure they stay abreast of evolving technologies and methodologies in the field.
6. Amount of travel and any other special conditions or requirements: Some travel required
7. Salary Range: $40,340.00 - $58,493.00 annually
8. Hours per day or week: Forty (40) hours of work per week, 100% level of effort

Kira Kennedy
OSAMH Substance Use Services Director

Education:
Radford University, Radford, VA, August 2006-May 2009, **Master of Social Work**
Utica College of Syracuse University, Utica, NY, August 1989-May 1993, **Bachelor of Arts**; Major- Criminal Justice, Concentration – Justice Studies, Minor – Psychology

Licensure & Awards:
Licensed Certified Social Worker (LCSW), Arkansas Social Work Licensing Board, 7662-C
Licensed Alcoholism and Drug Abuse Counselor (LADAC), ASBEADAC, 398L
Master Addiction Counselor (MAC), NCC AP, 508470

Professional Experience:
Substance Use Services Director, *Arkansas DHS Office of Substance Abuse and Mental Health (OSAMH), Little Rock, AR, February 2024 – Present*
* Manage grant funding for eight contracted treatment providers to monitor for compliance with federal grant awards, provision of evidence-based treatment services and timeliness of service delivery to Arkansans in need of substance use treatment.
*Prepare budgets, monitor expenditures, and reconcile invoices.
*Complete on-site visits to providers to ensure compliance.
*Maintain a working knowledge of new substance use trends and treatment skills to be current on the State's needs focusing on underserved populations, unmet service needs and service gaps.
*Aid in grant writing, grant reporting and grant reviews for the OSAMH unit as well as coordinate OSAMH activities with service providers within and outside the agency.
*Provide presentations on agency programs and counsel with provider staff as needed.

Therapy Manager, *CHI St. Vicent Addiction Recovery Program, Little Rock, AR, October 2020 – January 2024*
*Coordinated therapy services for a hospital-based substance use unit providing services to a 10-bed detox program, a 27-bed residential program and a 40-patient Intensive Outpatient Program.
*Supervised 20 therapy team employees including social workers, therapists, peer support recovery specialists, recreational therapists, and utilization review.
*Reviewed documentation on charts to monitor program compliance and service delivery.
*Conducted daily multidisciplinary team meetings with medical staff, the psychiatrist and therapy staff to identify patients' needs and treatment plan progress.

Clinical Director/Counselor II, *Bradford Health Services, Little Rock, AR, March 2016-October 2020*
* Supervised therapy staff providing Partial Hospitalization Program (PHP) services and Intensive Outpatient Program (IOP) services to patients with substance use disorders.
* Provided in-services to staff to assure adherence to program regulations and generated monthly reports to review services as required by administration.
* Performed group and individual therapy sessions in-person and via telehealth during the COVID pandemic.

Clinical Social Worker, *Carilion NRV Medical Center, Christiansburg, VA, November 2006-October 2015*
* Independently managed, without on-site supervisory or co-worker support, all social work needs for acute care patients in a 130-bed medical facility on weekends.
* Conducted needs assessments based on a biopsychosocial model and provided clinical services such as crisis intervention and bereavement support.
* Worked collaboratively in a multidisciplinary team to develop treatment plans to provide for patients' physical, medical, and emotional needs upon discharge.

Intensive Outpatient Program (IOP) Counselor/Emergency Services and Assessment Clinician, *New River Valley Community Services, Blacksburg, VA, January 2011-May 2015*
* Performed emergency assessments for individuals determined to be imminently suicidal, homicidal, or psychotic and developed individualized psychosocial interventions including involuntary hospitalization if warranted.
*Co-facilitated 15-member Intensive Outpatient Program (IOP) groups for patients with substance use disorders.

Child and Family Services Review Analyst, *Virginia Tech University Institute for Policy and Governance, Blacksburg, VA, December 2004 -October 2006*
* Coordinated professional reporting and follow up with over 16 local agencies of special services across Virginia to evaluate effectiveness of services for foster children and families in crisis.
* Reviewed foster care and on-going child protective services cases to measure compliance with local, state, and federal regulations and provided written documentation of areas of strengths and areas in need of improvement.
* Utilized review results in conducting needs assessments to encourage program development for local agencies and, on the state level, to improve the quality of services.

Senior Social Worker/Social Worker, *Radford City/Montgomery County Department of Social Services, Radford, VA, February1997– December2004*
*Investigated adult and child protective cases for alleged abuse, neglect, and exploitation and provided intensive case management services to vulnerable adults and at-risk children.
* Supported the readjustment process for children returning to their birth parents following foster care or residential placements through counseling and psychoeducational information.
*Developed networking with outside agencies by conducting in-services and training programs.

SOR IV Project Coordinator
Position Description

1. Title of position
    a. Substance Use Services Director
2. Description of duties and responsibilities
    a. Services as substance use services director in the Office of Substance Abuse and Mental Health. Serves as back up for SSA and SOTA when needed. Will represent Arkansas at annual meetings as requested. Responsible for managing provider contracts related to grant management for substance use block grant, state opioid response grant, and any other federal grant as assigned. Responsible for vendor relationships, technical assistance with programs, and coordination with finance and procurement departments. Formulates long and short-term goals, plans and activities for successful program outcomes with providers. Monitors data collection and reviews results from providers to ensure services delivery effectiveness, compliance and services gaps. Performs administrative duties by reviewing and analyzing statistical data for compiling information and preparing reports. Supervises professional and administrative support staff. Performs other duties as assigned.
3. Qualifications for position
    a. Master's degree
4. Supervisory relationships
    a. Data Coordinator
    b. Grant Manager
5. Skills and knowledge required
    a. Knowledge of the principles and practices of organizational management. Experience of rehabilitation techniques and programs in the treatment of substance use disorders. Knowledge of state and federal laws, rules, and regulations governing the treatment of substance use disorders. Experience in the treatment of substance use disorders. Experience in grant management.
6. Amount of travel and any other special conditions or requirements
    a. Travel in and out of state
7. Salary range
    a. $62,530.83 to $90,668.86
8. Hours per day or week
    a. Monday-Friday, 8:00-4:30 pm, no weekends or holidays

Attachment 7: Confidentiality and Participant Protection

1. Protect Participants and Staff from Potential Risks

The risks of participating in the Arkansas SOR 4 DHS/OSAMH grant project and performance assessment data collection are small relative to the benefits of providing substance use disorder prevention, harm reduction, treatment, and recovery support services. Participants and staff will not experience any more physical, medical, psychological, or social discomfort, nor legal risk, than what would naturally occur in their daily lives. Participation in performance and outcome assessments for all projects is voluntary. All participants are adults who will be asked various questions concerning their knowledge, opinion, and beliefs about opioid and stimulant misuse and use disorders, harm reduction, treatment, and recovery.

Risks for all participants will be minimized by providing informed consent prior to participation, allowing participants to stop at any time in the process, and ensuring confidentiality. However, in focus group settings, confidentiality cannot be guaranteed as researchers cannot guarantee that others in the group will respect the confidentiality of the group. Pseudonyms will be used to de-identify participants and other people, organizations, and places mentioned in all interview and focus group textual data collected for research. Participants will never be identified in reports or other public documents.

Participants and/or staff experiencing any adverse effects will be referred to an appropriate treatment center or service provider for guidance and/or assistance. Alternative treatments will be available upon request. Any adverse effects experienced by participants will be reported to the University of Wyoming IRB and follow IRB response protocol. Any problem that has led to an unexpected incident or unfavorable occurrence will be corrected as soon as practicable.

2. Fair Selection of Participants

All potential participants will be given the opportunity to voluntarily take part in focus groups or interviews pertaining to performance and outcome assessments. Any barriers to participation will be addressed based on the individual participant's needs and in compliance with the Individuals with Disabilities Act, (IDEA) 20 U.S.C. § 1401 et seq., Section 504 of the Rehabilitation Act (Section 504) 29 U.S.C. § 794; the Americans with Disabilities Act (ADA) 42 U.S.C. § 12101 et seq; and Arkansas state law.

3. Absence of Coercion

Incentives will be given to participants of vulnerable groups (e.g., pregnant parenting women in recovery, incarcerated parents) as a form of compensation for their time and effort and/or to help offset any barriers such as loss of income, transportation, or childcare. Incentives will be in the form of gift cards in the amount of $25. Gift card brand selection and delivery will be based on the protocols of the organization or facility collaborating with the evaluators and the needs of the participants.

Instructions given to potential participants will explain that participation is voluntary, and the ability to receive services or interventions is in no way dependent on participation. Staff will be informed that declining participation will not affect their employee standing,

compensation, or benefits in any way. Individuals will be informed that they may choose not to participate in the focus group or interview. Participants will be informed that they may choose not to answer any question and may end participation at any time without penalty.

Cultural competency strategies for communicating information to participants will include:

- Using clear and simple language to provide detailed and concrete instructions to minimize misunderstandings.
- Considering language preferences and proficiencies by using interpreters or translators when needed and speaking slowly and clearly.
- Acknowledging any power imbalances and encouraging a participatory approach where individuals feel empowered to express their thoughts and concerns.

4. Data Collection

Attachment 2 contains sample data collection instruments and protocols. We plan to collect data through interviews and focus groups with a variety of adults to examine process and outcome measures related to prevention, harm reduction, treatment, and/or recovery efforts in Arkansas. All participants will be asked various questions concerning their experiences, behaviors, and beliefs about opioid and stimulant misuse and use disorders, harm reduction, treatment, and recovery.

Research groups include:

- Program staff and service partners treating at-risk pregnant/early parenting women in treatment and recovery
- Young adults formerly in foster care in treatment and recovery
- College students participating in a collegiate recovery community

WYSAC will create focus groups and interview instruments that will be administered in person in a semi-private conference area or via a secure cloud-based internet platform. Attachment 2 of this proposal contains sample focus groups and interview instruments. The individuals who participate will be asked about their attitudes, beliefs, and behaviors concerning opioid and stimulant misuse and use disorders, harm reduction, treatment, and recovery. Interviews will take approximately 30 – 45 minutes. Focus groups will take approximately 60 – 90 minutes. The risk to participants will be no greater than what she or he might experience in everyday life. Identifiable information will never be collected from interviews or focus groups, and individuals may stop participating at any time without penalty.

5. Privacy and Confidentiality

Data will be collected during focus groups or interviews. Focus groups and interviews will take place in a) a semi-private conference area of the supporting vendor, or b) online via a secure cloud-based internet platform. All data collected will be digitally stored on password protected computers behind locked doors at the University of Wyoming. Consent forms will be stored separately in locked filing cabinets until the end of the project, after which they will be destroyed.

At WYSAC, only researchers involved in the project will have access to process measure and evaluation data. Only aggregate data will be made public in reports or presentations. Aggregated data will be provided to DHS/OSAMH to disseminate as they see fit. We expect that SAMHSA may also request access to certain data. Participant identity connected to data will not be collected in any interview or focus group.

6. Adequate Consent Procedures

Attachment 3 contains sample consent forms.

7. Risk/Benefit Discussion

Because there is minimal risk to both participants and staff involved, the potential for harm or discomfort anticipated for participants is not greater than what they would encounter in their everyday lives. Privacy concerns will be mitigated by employing strict data protection measures such as anonymization and secure data storage. Mild discomfort of participants will be managed by ensuring that they can skip questions or withdraw at any time without penalty. There will be no direct benefits to participants; however, performance assessments can offer substantial benefits to society and to the scientific community through the advancement of knowledge, leading to improved policies, services, interventions, and/or treatments.

ASSURANCE
of Compliance with SAMHSA Charitable Choice Statutes and Regulations
SMA 170

REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Assistant Director
APPLICANT ORGANIZATION Arkansas Department of Human Services	DATE SUBMITTED 7/1/2024

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

The Strategic Goals from FY 2022-2024 were implemented statewide. Progress was made as evidenced by OUD patients having accessibility to MAT services through SOR funding support in over 20 clinics across the state to purchase doses of FDA-approved OUD medications. Providers also received consultation services through the MAT Recovery Initiative for Arkansas Rural Communities (MATRIARC). The Arkansas Community Corrections also continued the MAT Reentry Project with OUD services for justice-involved populations. However, the Pulaski County program did not achieve its desired goal of sustained and re-entry services due to constraints within the justice system. Further progress was made with the passing of Act 811 in Arkansas in 2023. This legislation mandates all public schools have naloxone on site and shifted the focus for the Arkansas College Network (ACN) from developing a toolkit for reducing marijuana use to the distribution and training of Naloxone. Additionally, The UAMS Reynold's Institute on Aging (RIOA) continued their program of advocacy, education, and outreach regarding the impact of opioids on the aging and senior population, a population of focus. The Criminal Justice Institute and MidSOUTH provided OUD trainings and outreach to law-enforcement and first responders, medical providers including EMS, hospital staff, and primary care, as well safe storage and disposal of drugs at several Early Childhood Education facilities. Arkansas Center for Health Improvement (ACHI) distributed Naloxone and trained hospital staff on the impact of opioids and overdose. Through SOR funding, Peer Recovery Specialists worked within justice-involved and primary care clinic settings through eight Peers Achieving Collaborative Treatment (PACT) programs. Development of the Advanced Methamphetamine Investigations training from the Criminal Justice Institute and several outreach and educational events in collaboration with MidSOUTH to educate the public and medical community on OUD were successful.

The SOR IV Strategic Plan for FY 2025-2028 is a statewide effort responding to the evolution of services expanding the continuum for issues related to substance use disorder, assisting providers in enrolling in Medicaid and building capacity for recovery services. Areas of focus includes the rural areas of the state, the underserved communities, maternal health, justice-involved populations, and youth and young adults (ages 16-25). Arkansas currently does not have a federally recognized Tribes or Tribal Organizations.

Strategic Objective 1: Develop, educate, and distribute culturally relevant prevention trainings and materials statewide.

Action Plan: Maintain above 50% of naloxone saturation across all 75 counties; Partner existing prevention providers in developing action plans for SOR and SUBG activities; Partner with ACN to continue the development and growth of colligate programs.

Strategic Objective 2: Develop full continuum of care for substance use services.

Action Plan: Develop the State Opioid Response IV application to move towards Medicaid sustainability for any applicable program; Partner with agencies inside DHS to develop braided funding for Specialized Women's Services programs, identify behavioral health disparities and collaborate for the use of assessments using the social determinants of health; Obtain CMS approval of the Reentry/IMD waiver; Develop policies for AR Medicaid for Substance Use Disorder (SUD) continuum of services. Including the use of ASAM criteria for residential SUD treatment.; Work with existing SUD service providers to prepare for AR Medicaid enrollment.

Strategic Objective 3: Refine and develop sustainable funding for substance use recovery services.

Action Plan: Develop a plan for movement to new contracting and funding to include AR Medicaid payment for sustainability; Update training and move certification from the AR DHS Division of Provider Support and Quality Assurance (DPSQA) to an external partner.