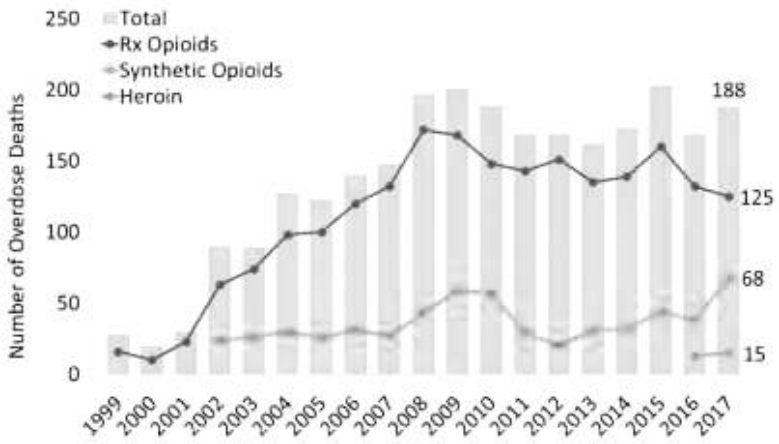
**PROGRAM NARRATIVE**

**A. <u>Statement of the Problem.</u>** The State of Arkansas will utilize COAP funding to continue to support statewide efforts that address the opioid epidemic. Category 2a will focus on specific geographical locations identified in Table 1 and Category 2b will focus on all counties and a program evaluation.

**Impact of the opioid epidemic:**

**Figure 1: Number of Opioid-Involved Overdose Deaths** (Source = CD Wonder)




The 2017 Arkansas opioid overdose death rate (6.5 deaths/100,000 persons) was much lower than the national level (14.6/100,000), although the prescribing rate per 100 people (105.4) was the second highest in the nation (following Alabama at 107.2) and nearly twice the national rate of 58.7. As shown in Figure 1, there were 188 overdose deaths involving opioids - 125 involved prescription opioids, 68 involved synthetic opioids (mainly fentanyl), and 15 were related to heroin.

---

Arkansas policymakers, healthcare agencies, and law enforcement officials have implemented a number of initiatives dealing with opioid prevention and treatment, including: a state-run Prescription Drug Monitoring Program (PDMP),[1] a state drug take-back program that is one of the

[1] The Arkansas PMP was authorized by Act 304 of 2011 and was modified and strengthened in the 2013, 2015 and 2017 legislative sessions.

most successful in the nation;[2] the Naloxone Access Act[3] to facilitate the use of naloxone for opioid-related drug overdoses and extend "Good Samaritan" protections to persons who administer an opioid antagonist, and the Joshua Ashley-Pauley Act[4] to provide immunity from prosecution for drug possession for an individual seeking medical assistance for someone who is experiencing a drug overdose. Nevertheless, drug-related overdose deaths reported to the Arkansas State Crime Laboratory (ASCL) have steadily increased in recent years; EMS data show that administration of naloxone at least doubled between 2017 and 2018 in every county, with most increases considerably larger;[5] and Neonatal Abstinence Syndrome increased from 0.03 to 4.8 per 1000 hospital births between 2000 and 2017.[6]

Eighteen (18) counties of the 75 Arkansas' counties have been identified for this new initiative and are to be considered for this project. The eighteen counties represent twelve jurisdictions. The funding will be based on the opioid treatment admissions; episodes; overdose deaths; opioid prescription rate; and naloxone administration numbers. (See Table 1) *Fourteen (14) of the 18 identified counties are designated qualified opportunity Zones.* Arkansas plans continue to focus on statewide projects that are to be identified in the Statewide Comprehensive Strategic Plan for Opioid Abuse Reduction. These projects will be based on the similar needs of localities and strategies that will reduce the opioid abuse in their jurisdictions.

[2] The 17th Drug Take Back Day on April 27, 2019 resulted in a total Arkansas medications collection of 14.43 tons and an overall total of 173 tons, far exceeding the combined totals of the surrounding states of Alabama, Louisiana and Mississippi; Artakeback.org.
[3] Act 1222 of 2015; A.C.A. § 20-13-1801 (2016)
[4] Act 1114 of 2015; A.C.A. § 20-13-1701 (2016)
[5] Data from Arkansas Department of Health Emergency Medical Services and Trauma Branch
[6]. Neonatal Abstinence Syndrome in Arkansas 2000 – 2017. Arkansas Department of Health, Prescription Drug Monitoring Program; https://www.healthy.arkansas.gov/images/uploads/pdf/NAS_Report_030619_FINAL.pdf.

| TABLE 1 | | | | | | |
|---|---|---|---|---|---|---|
| County | 2018 Opioid*Treatment Admissions | | Overdose Death Rate☒ | Opioid Rx Rate‡ | EMS Naloxone Administration #/Rate ❤ | Population✚ |
| | Unduplicated patients #/% | Treatment Episodes | | | | |
| **Benton**** | 131 (0.05%) | 152 | 2.5 | 71.4 | 221/99.8 | 272,608 |
| **Clay** | 2 (0.01%) | 4 | 8.3 | 140.3 | 27/167.9 | 14,847 |
| **Cleburne**** | 4 (0.02%) | 4 | 4.0 | 118.6 | 6/23.1 | 24,965 |
| **Craighead **** | 72 (0.07%) | 95 | 9.1 | 99.9 | 118/122.4 | 108,558 |
| **Crittenden**** | 47 (0.10%) | 50 | 11.2 | 100.6 | 79/155.2 | 48,342 |
| **Izard** | 8 (0.06%) | 9 | 11.1 | 131.3 | 20/146 | 13,593 |
| **Garland**** | 100 (0.10%) | 154 | 3.1 | 126.5 | 182/189.5 | 99,154 |
| **Greene**** | 20 (0.04%) | 23 | 6.2 | 137.8 | 74/175.8 | 45,325 |
| **Hot Spring**** | 5 (0.01%) | 9 | 9.0 | 122.7 | 28/85.0 | 33,701 |
| **Jefferson**** | 41 (0.06%) | 49 | 13.4 | 93.6 | 35/45.2 | 68,114 |
| **Miller**** | 34 (0.08%) | 43 | 12.0 | 75.2 | 16/36.8 | 43,592 |
| **Mississippi**** | 11 (0.03%) | 12 | 6.4 | 157.1 | 74/159.2 | 41,239 |
| **Phillips**** | 5 (0.03%) | 5 | 9.1 | 149.3 | 33/151.7 | 18,029 |
| **Pulaski**** | 311 (0.08%) | 421 | 18.8 | 85.2 | 551/144.0 | 392,680 |
| **Saline** | 83 (0.07%) | 106 | 9.4 | 102.3 | 94/87.8 | 121,421 |
| **Sebastian**** | 90 (0.07%) | 103 | 15.5 | 102.1 | 121/96.2 | 127,753 |
| **Washington**** | 89 (0.04%) | 115 | 8.2 | 77.4 | 278/136.9 | 236,961 |
| **Woodruff**** | 1 (0.02%) | 1 | 3.7 | 125.5 | 15/206.6 | 6,490 |
| | | | | | | |
| **State (AR)** | 1662 (0.06%) | 2113 | 10.5 | 102.1 | No data | 3,013,825 |

#/% = number of patients/percentages of total county population
*Opioid = Heroin, Non-Rx Methadone, or Other Opiates, including Synthetics – e.g., fentanyl
**Designated Qualified Opportunity Zones
☒ Arkansas Crime Lab drug overdoses/100,000 population (2014-2017)
‡ 2018 Arkansas opioid prescriptions/100 people (AR PDMP)
❤ 2018 EMS naloxone administrations #/rate per 100,000 people (ADH)
✚ July 1, 2018 population estimates

***Applying agency:*** The Arkansas Department of Finance and Administration, Office of Intergovernmental Services (DFA-IGS), the State Administering Agency (SAA) is the applying agency. In partnership with the Office of the State Drug Director (OSDD), Single State Authority

(SSA), the SAA proposes to conduct a statewide implementation, enhancement, and evaluation projects (Category 2c).

***Existing strategic plans relevant to the program:*** State strategic plans that are relevant to the proposed Category 2c project are the Arkansas 5-Year Strategic Prevention Plan (SFY 2019-2023)[7] and the Arkansas Prescription Drug/Opioid Overdose-Related Deaths (PDO) Strategic Plan (2016-2021),[8] both funded through SAMHSA. Our 2018 COAP activities, together with our proposed current grant initiatives, will support continuation of the PDO, STR and SOR initiatives. Evaluation of the strategic planning and implementation of 2018 COAP activities will identify the grant outcomes and "lessons learned," while pinpointing gaps in the Arkansas behavioral health system of care.

Currently, Arkansas does not have dedicated state funding or allocated resources to address the opioid crisis. However, prevention/awareness and public education efforts are being conducted through the Offices of the State Drug Director and the Arkansas Attorney General, who conduct an annual Prescription Drug Abuse Summit to provide information on state strategies and policies, current opioid misuse statistics, and national trends. The summit has an average attendance of approximately 1,000, including representatives of law enforcement agencies, community-based organizations, medical and pharmacy associations, substance abuse and mental health providers, educators, and concerned citizens. We anticipate that the cross-system planning process of the 2018 COAP, Category 4 grant, together with current grant activities, will help leverage state resources to provide a comprehensive approach to coordinate training and treatment needs, prevention and awareness, and development of policies, statutes and regulations in the future. However, at present, we rely on federal assistance to support our efforts.

[7] https://humanservices.arkansas.gov/images/uploads/dbhs/ARKANSAS_STRATEGIC_PREVENTION_PLAN.pdf
[8] https://humanservices.arkansas.gov/images/uploads/dbhs/PDO_Strategic_Plan_v3_rev_052318.pdf

***Identify the application Category***: DFA-IGS, (SAA) is applying for Category 2c.

***Identify the number of sites selected***. The SAA in partnership with the SSA propose to conduct a statewide implementation, expand, and evaluation projects (Category 2c). This two-part project will include:

1. Implementing a new opioid intervention program for Category 2a, consisting of assignment of an overdose crime scene team consisting of a criminal investigator and a peer recovery specialist, to law enforcement task forces/agencies in a minimum of six geographically diverse sites (counties, regions or localities) within the state (See Table 1); and
2. Expanding and evaluating the grant strategies identified in the Arkansas 2018 COAP Category 4 Statewide Strategic Plan currently being developed for implementation. COAP 19 funding will be used to support up to an additional 25 localities within the state to address offenders who may be opioid abusers (Category 2b).

***Integrates with Other grants:*** Arkansas is a recipient of SAMSHA Prescription Drug Overdose (PDO), State Targeted Response (STR) to the Opioid Crisis, and State Opioid Response (SOR) grants, as well as BJA COAP 2018 Category 4 (statewide planning, coordination, and implementation) and 6 (data collection, aggregation, and sharing) grants. In addition, Arkansas has received CDC Data Driven Prevention Initiative (DDPI) and Opioid Cooperative Agreement for Emergency Response grants and has applied for the Overdose Data to Action grant.

The purpose of the PDO grant is to reduce prescription drug/opioid overdose-related deaths and adverse events among Arkansans 18 years of age and older by: equipping first responder agencies with naloxone kits; training first responders, treatment center staff, and family members on the administration of naloxone for opioid overdose; conducting comprehensive community outreach prevention and educational activities in counties determined to be at highest risk for OUD; and

educating both healthcare professionals and the public about the dangers of opioid misuse, the importance of calling 911 to report an overdose, and immunity for persons who do.

The purpose of the STR grant was to continue overdose prevention efforts in high risk communities and to expand evidence-based OUD treatment (i.e., Medication Assisted Treatment or MAT) and recovery support services (Peer Recovery Specialist Program) statewide, with a focus on three target populations: pregnant and parenting women, individuals re-entering the community from incarceration, and individuals who received naloxone for an overdose. STR activities are being continued with SOR grant funding, along with additional initiatives to educate healthcare professional opioid prescribers through the Arkansas Improving Multi-disciplinary Pain Care and Treatment (AR-IMPACT) Program and outreach to and education of seniors 65 and older (a SOR priority population) about the dangers of opioid overprescribing.

**B. <u>Project Design and Implementation.</u>** ***Mandatory project components:*** The grant activities DFA-IGS proposes will complement SAMSHA-funded grant initiatives with a new Category 2a program to enhance the response to opioid-related overdose or death by: (1) Providing a criminal investigator to collect data at the scene to identify the drug(s) involved and the source of the drugs, and to seek prosecution of the supplier; (2) Providing individuals who experience an overdose with counseling by a peer recovery specialist (PRS) and follow-up and tracking of these individuals to promote treatment and recovery. The PDO, STR and SOR grants provide individuals who have received naloxone for an overdose with information on treatment resources that they may or may not use to deal with their OUD. However, there is no mechanism in place for tracking and follow-up to document whether they access treatment and/or recovery services; and (3) Sharing of data with other state agencies through an information database and web portal created and maintained by the Arkansas Foundation for Medical Care (AFMC) with funding from the BJA COAP 2018

Category 6 grant. ln addition, Category 2b grant activities will expand and evaluate the ongoing 2018 COAP Category 4 grant activities.

***The proposed project will be used to support a combination of activities that address allowable uses:*** (1) Support law enforcement agencies in identifying individuals in need of substance abuse treatment services and connecting these individuals to treatment services; (2) Connect individuals at risk for overdose and/or survivors of non-fatal overdose and their families with substance abuse and behavioral health treatment providers or peer recovery support providers trained in addiction support and recovery; and (3) Develop, implement, or enhance programs to address the opioid epidemic in rural communities as well as comprehensive responses that promote education and prevention activities and diversion programs for non-violent drug offenders. The new initiative DFA-IGS propose will "connect individuals at risk for overdose and/or survivors of a non-fatal overdose and their families with substance abuse and behavioral health treatment providers or peer recovery support providers trained in addiction support and recovery" and "support the timely collection of data and/or data integration with other data sets (such as PDMP records) to provide an understanding of drug trends, support program evaluation, inform clinical decision making, identify at-risk individuals or populations," and "support investigations." Each of the selected Category 2a subgrantees (law enforcement unit) will hire a criminal investigator and a peer recovery specialist (PRS) to work as a team to respond to fatal and non-fatal overdoses within their jurisdiction. The investigator will work with the law enforcement agency at the scene to identify the drug(s) involved in the overdose using a Tru-Narc hand-held analyzer supplied by the OSDD, determine the origin of the drug(s), and seek out the supplier for prosecution, with assistance from the DEA Tactical Drug Division. Data collected by the investigator at the scene will be shared

with the ASCL, the Department of Health and AFMC, which maintains shared databases and hosts a web portal funded by the BJA 2018 Category 6 grant and accessible by key stakeholders.

The PRS will counsel the overdose victim on available treatment and recovery services and follow-up with the individual to provide encouragement and support. Because the PRS will be a member of the law enforcement team responding to the overdose and will know the identity of the victim, he/she will not violate HIPAA privacy rules during follow-up with the victim. In cases of a fatal overdose, the PRS will refer family members to grief counseling resources. The PRS will also engage in community education about substance abuse, working with local coalitions and schools. This targeted approach within selected sites will complement SAMSHA community-based prevention initiatives already in place.

***Deliverables to be produced for the Category 2a project will include:*** (1) Specialized investigations into the criminal and narcotic responsibility of violators involved in incidences of opioid overdose; (2) Reductions in the number of overdoses, overdose deaths, and availability of deadly opioid-type products in the targeted areas; and (3) Improved follow-up treatment and recovery services for individuals who have experienced an overdose and resources for families of overdose victims. To strengthen and document the program's impact, Category 2b activities will include expansion and evaluation of the opioid-related activities/strategies identified by the 2018 COAP Category 4 statewide strategic planning and its implementation. ***Deliverables to be produced for the Category 2b project will include:*** (1) To support and assist up to 25 additional localities/communities in addressing the opioid/prescription drug overdose by implementing strategies identified in the Statewide Comprehensive Plan; (2) Increase access and enrollment to treatment programs with emphasis on offenders; (3) Increase education and awareness statewide

as well as opportunities to implement diversion and/or evidence-based programming; and (4) An Overall Program Evaluation.

***Priority considerations #1:*** Disproportionate impact of opioids: Arkansas, a largely rural state, has been disproportionately impacted by the abuse of illicit opioids and prescription drugs as evidenced by its high prescription drug rate and lack of accessibility to treatment providers and facilities and to emergency medical services. Almost half (44%) of Arkansans live in rural areas and most of the state's counties are designated as Health Professional Shortage Areas and/or full or partially Medically Underserved Areas (MUAs).[9] Multiple socioeconomic vulnerabilities of rural opioid users not only put them at risk for overdose and death, but also impact their ability to seek treatment and increase the potential for encounters with law enforcement and involvement of child welfare agencies.[10] The low state literacy rates and lower health literacy rates create a potential for abuse of prescription drugs due to poor understanding of dosing directions.

Arkansas state rankings are among the worst for poverty,[11] incarceration,[12] and access to substance abuse treatment and addiction counseling, a problem especially acute in rural areas where the limited health care and social services infrastructure, together with greater inability to pay for services and exaggerated stigma, make Opioid Use Disorder (OUD) treatment and recovery particularly challenging.[13] Arkansas is in the top 10% for persons with OUD needing but not

[9] Health Resources & Services Administration (2018). Retrieved April 13. 2019 from https://data.hrsa.gov/tools/shortage-area/mua-find.
[10] Lenardson JD, Gale JA, and Ziller EC. (2016). *Rural opioid abuse: Prevalence and user characteristics*. Main Rural Health Research Center PB-63-1.
[11] Ranked 44th (16.4%) in 2018 (Talk Poverty. Retrieved April 13. 2019 from https://talkpoverty.org/state-year-report/arkansas-2018-report.
[12] Rated 6th in 2018 (900/100,000 people) (Wagner P and Sawyer W (2018). States of Incarceration: The Global Context 2018. Retrieved April 13. 2019 from https://www.prisonpolicy.org/global/2018.html).
[13] *Families in Crisis: The Human Service Implications of Rural Opioid Misuse.* (July 2016). National Advisory Committee on Rural Health and Human Services.

receiving treatment.[14] Only 37 of Arkansas's 75 counties have at least one DEA-waivered provider (state total of 213). These providers may or may not be offering MAT to their patients. Furthermore, access to emergency medical care is compromised by the distance that EMTs must travel to respond to a call.

***Priority considerations #2:*** The use of Overdose Detection Mapping Application Program (ODMAP): DFA-IGS plans to incorporate ODMAP within the funded subawards. If granted access, DFA-IGS will utilize the ODMAP application provided by Washington/Baltimore HIDTA. Sub recipients will be required to utilize this platform for overdose detection. DFA-IGS will serve as the agency administrator and manage the COAP sub recipients. DFA-IGS will monitor the collection and mapping of near real-time overdose data.

***In-depth evaluation project:*** DFA-IGS proposes an evaluation project for all COAP implemented activities funded with COAP 18 and COAP 19. DFA-IGS will secure a project evaluator to conduct the evaluation. The evaluator will design the its monitoring and the evaluation plan. The plan will include details on evaluation activities such as the data collection of process and outcome evaluation measures, the data analysis/tracking/monitoring, the required performance measures, and the required reports. The evaluator will oversee all evaluation activities and report to the DFA-IGS program manager and program coordinator. DFA-IGS along with the evaluator will maintain the confidentiality of any client records. Performance assessment will be conducted, and the evaluator will produce monthly and quarterly evaluation summaries. The summaries are to be based on the quantitative and qualitative components and approaches. The evaluator will conduct interviews and focus groups to gather in-depth information. It is anticipated that the evaluation process will allow for quality improvement. During the project period, a quality improvement

[14] American Medical Association Opioid Task Force 2018 Progress Report. Physicians' progress to reverse the nation's opioid epidemic; end-opioid-epidemic.org.

committee will be developed to assist with tracking of COAP's effectiveness and to discuss challenges/barriers as well as make recommendations for program improvement and policy/statue changes. In addition, there would be opportunities to inform across all partners and strengthen accountability and effectiveness. The committee will consist of required COAP partners and members of the Coordinating Council. The committee will meet quarterly. The evaluator will work closely with the DFA-IGS project staff, COAP subrecipients, and the quality improvement committee.

***Number of proposed implementation sites:*** DFA-IGS proposes to implement Category 2a activities at up to six (6) sites that include a Drug Task Force or other law enforcement entity and plan to provide up to an additional twenty-five (25) subawards to localities/communities for Category 2b. The state has 75 counties and the additional project will cover up to 50% of state.

***Site selection criteria:*** Specific counties have been identified; however, the sub recipients have not been selected. Sub recipients will be based on criteria outlined in the solicitation. DFA-IGS will follow its current practices of issuing a solicitation for Request for Applications (RFA). An announcement/Availability of Funds Notice will be posted to the website and forwarded to city/county officials and local community-based organizations. The RFA will be a competitive process based on: the approved goals and objectives outlined in the statewide comprehensive plan as well as the goals and objectives identified in this FOA; demonstrated need (data indicating an increase in opioid abuse/misuse in the applicant's proposed locality and/or a lack of available OUD resources or trend of opioid use); the applicant's capacity to implement; and the overall completeness of the application. Applications will be reviewed and scored according to assigned points. DFA-IGS will make funding recommendations to the AADACC.

***State whether any of the proposed sites are current BJA COAP-funded sites:*** At this time none of the proposed sites are currently funded by BJA COAP. Proposed sites have not been selected. All proposed/selected sites will be new to the COAP funding cycle.

***Supporting the Selection of Sites:*** DFA-IGS will support the selection of sites by utilizing assigned staff (grants analyst and project coordinator) and the existing SSA partners. Grant analysts will process sub recipients' requests/invoices and conduct monitoring/site visits as well as provide ongoing technical assistance on reporting. Selected sites will be required to submit performance data monthly. Sub recipients will be required to attend quarterly provider's meetings. During provider's meetings, project staff and SSA partners will be able to provide additional training and technical assistance. DFA-IGS will also utilized special conditions in the subaward agreement to address the mandatory deliverables (manuals and project summary) and deadlines as well as any identified required trainings. The project coordinator will work closely with sites to ensure project implementation as well as the development and accomplishing the mandatory deliverables.

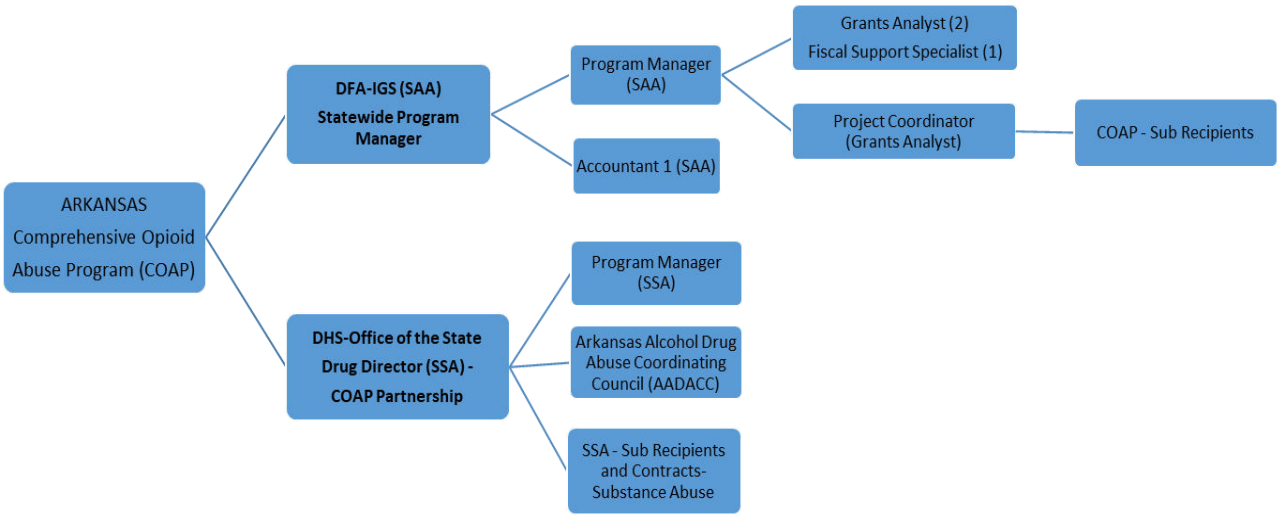
***Describe the number of project sites for enhancement and evaluation:*** The project sites for Category 2b have not been identified. Sites will be determined through the RFA/solicitation process and based on the locality's needs assessment. DFA-IGS proposes to expand the number of sites previously proposed in COAP 18 Category 4. In Category 4, up to twenty-five (25) subrecipients/sites were to be issued subawards to implement strategies identified in the Statewide Plan. With funding from COAP 19 Category 2, DFA-IGS proposes to expand to up to an additional twenty-five (25) sites. This expansion would allow coverage for most of the state and will allow for increased opportunities for law enforcement agencies/localities to address the opioid epidemic throughout the state of Arkansas. COAP 19 funding will also allow for evaluation of all COAP

funded projects, approximately 50 sites. The evaluation of COAP strategies and activities implemented will help to determine the effectiveness of the statewide efforts identified in the plan as well as the implementation of the new COAP initiative.

**C. Capabilities and Competencies.** *Management Structure:* Within DFA-IGS management structure, there is a Statewide Program Manager. The Statewide Program Manager is the overall supervisor and currently serves as the financial point of contact (FPOC) for the federal grants. The Statewide Manger will provide overall management oversight and guidance when needed as well as the financial point of contact. There is no percentage of time required for this position. Also, in the management structure, DFA-IGS has a separate accounting unit and the Accountant 1will focus on program-specific grant expenditures and grant drawdowns, as well as other financial activities and federal financial reporting. The Accountant 1 will require 10% of time towards this project. The Arkansas Department of Human Services (DHS) –Office of the State Drug Director currently serves as the Single State Agency administering and distributing federal funds from the substance abuse prevention and treatment block grant from Substance Abuse and Mental health Services Administration (SAMHSA) and other various discretionary grants (i.e. Prescription Drug Overdose (PDO), State Targeted Response to the Opioid Crisis (STR), Partnerships for Success). The agency is responsible for licensing institutions that operate substance abuse treatment programs and monitoring community prevention, intervention and education programs for compliance with state and federal regulations. This agency serves as the State Opioid Maintenance Treatment Authority. The OSDD has currently designated its Program Manager (25% of time) to serve as a project staff for the implementation of COAP projects. The OSDD program manager will be responsible for executing the inter-agency agreement and other project related activities as needed and requested. The OSDD Program Manager will be responsible for coordinating with any

SSA partners when needed. The Arkansas Alcohol and Drug Abuse Coordinating Council (AADACC) is the governing body that oversees substance abuse prevention and treatment. This body is made up of representatives of state agencies, provider organizations, law enforcement and an array of individuals appointed by the governor to provide guidance to and coordination of issues related to substance misuse. The Arkansas State Drug Director (the SSA) is the Chair. The grant management structure is shown below:

**Figure 2. Management Structure**




The key personnel responsible for carrying out project activities are shown in Table 2 below. DFA-IGS staff complete time and effort logs to document time dedicated and assigned to grant programs. Resumes and Position Descriptions are provided in **Attachment C**.

| **Table 2: Key Personnel and Project Staff** | | | |
|---|---|---|---|
| **Project Staff** | **Role/Function** | **% Effort** | **Title/Qualifications** |
| **Department of Finance and Administration, Office of Intergovernmental Services (DFA-IGS)** | | | |
| Kenya Buffington | Oversight of program staff, grants management, and program implementation | 20% | Program Manager-SAA/Key Personnel; Education: MBA; Experience: 10+ years grants management and program management |
| Julie Shelby | Perform day-to-day program operations & implementation; monitor sub recipients; and process invoices | 50% | Project Coordinator-SAA/Key Personnel; Education: MBA; Experience: 5+ years grants and program management |
| | | | |

| Table 2: Key Personnel and Project Staff | | | |
|---|---|---|---|
| **Project Staff** | **Role/Function** | **% Effort** | **Title/Qualifications** |
| Sriyani Rodrigo | Set-up subrecipients in Arkansas Administrative Statewide Information System (AASIS) for reimbursements; draw federal grant funds; quarterly financial reports; complete federal close-out packages | 15% | Accountant I-SAA; Education: BA; Experience: 5+ years financial management (grants) |
| Tevin Sharp | Monitor & Process Invoices | 10% | Grants Analyst-SAA; Education: BA; Experience: 2+ years monitoring and programming experience |
| Kathleen Kenney | Perform administrative duties | 10% | Fiscal Support Specialist-SAA |
| **Office of the State Drug Director (OSDD)** | | | |
| Sharron Mims | Day-to-day program operations | 25% | Program Manager; Personnel; Education: BA; Experience: 10+ years program management |

The SSA and state agency support that have expressed commitment to this effort via an interagency agreement or letter of support are shown in Table 3 below.

| Table 3: State Agency Support | | |
|---|---|---|
| **Agency** | **Role** | **Commitment*** |
| Office of the State Drug Director (OSDD) | Partnership | Interagency Agreement |
| Arkansas State Crime Laboratory (ASCL) | Data sharing | Letter of Support |
| Arkansas Department of Health (ADH) | Data sharing | Letter of Support |
| Arkansas Coroner's Association | Data sharing | Letter of Support |
| Arkansas Foundation for Medical Care (AFMC) | Addition of crime scene data to statewide database to facilitate sharing with stakeholders/state agencies | Letter of Support |
| Drug Enforcement Administration (DEA) | Assistance with mutual drug enforcement efforts, drug prevention initiatives, and public education. | Letter of Support |

*Letters of support and Interagency agreements are provided in **Attachment A**.

***Existing partnership agreements.*** DFA-IGS is currently collaborating with OSDD/DHS on the 2018 COAP Category 4 grant. The OSDD is currently collaborating with AFMC, ASCL, ADH and the Arkansas Coroner's Association on a data-sharing infrastructure development project for

the 2018 COAP Category 6 grant, and routinely collaborates with the DEA on drug enforcement efforts. The collaboration and partnership will help to achieve the objectives of this FOA.

***Demonstrate the capability to implement the project successfully:*** The DFA-IGS Program Manager serves as the manager for the Justice Assistance Grant Program, Residential Substance Abuse Treatment Program, State Prosecution Drug Crime Fund Program, Project Safe Neighborhoods, and Comprehensive Opioid Abuse Site-based Program. The Program Manager (identified in Table 2), who has over 10 years of experience in grants management and implementation, will provides day-to-day grant and financial management and ensure that all federal guidelines are met. She will serve as the Point of Contact (POC) for this grant award, with 20% of her time available for project planning and implementation.

In addition, DFA-IGS will assign a Project Coordinator (50% of time); two Grant Analysts (10% of time); and a Fiscal Support Specialist (10%). Project staff are to monitor the subrecipients project operations and provide technical assistance as well as assist with project planning and reporting. The project staff will conduct site/monitoring visits and process sub recipients monthly invoice requests for reimbursement. Resumes and Position Descriptions are provided in **Attachment C**.

***Project Timeline****:* Project objectives, activities, expected completion date, and responsible person or organization are shown in the project timeline table provided in **Attachment B**.

***Potential barriers:*** We do not anticipate any barriers to implementing the project. Should any barriers be identified along the way, they will be eliminated through discussions with partnering agencies/entities who have expressed their support for the project (See Attachment A).

**D. <u>Plan for Collecting the Data Required for this Solicitation's Performance Measures.</u>** To ensure compliance with the Government Performance and Results Act (GPRA), Public Law 103-

62, the SAA currently requires subgrantees to report data that measures the result of their work. Subgrantees are made aware of the required performance measures as a part of the solicitation process and made aware of required quarterly reporting. A quarterly reporting tool, based on COAP performance measures, will be developed and provided to each subgrantee to facilitate their quarterly submissions to the SAA. To ensure that federal reporting is done in a timely manner, the SAA will enter each subgrantee's performance measure data in the Performance Measurement Tool (PMT) reporting system. This is standard practice for the SAA. An additional performance measurement reporting tool will be developed that is specific to this project to capture required program information, data, and progress of the subgrantees. Program data and statistics will be submitted to DFA-IGS on a quarterly basis as a requirement for all subgrantees, who will be informed of this requirement in the noted special conditions of the award documents they are required to sign prior to award. The Program Manager will ensure that PMT reports are completed and delivered to BJA via the Grant Management System in a timely fashion or within the required timeframe.

***Data collection and reporting:*** Data will be collected on a monthly, quarterly, and annual basis and the SAA and SSA will document outcomes associated with the goals, objectives, and strategies of the progress made towards the strategic plan. An annual report will be disseminated to all partners. The performance measures will be documented through submitted monthly/quarterly reports from the sub recipients. With coordinating efforts of the SSA and SAA, site visits will be conducted with the sub recipients to ensure and confirm progress as well as identify any problems or challenges and provide technical assistance. Site visits will be documented with a site visit monitoring tool (to be developed based on RFA) and the summary report to recipient. After the federal funding has ended, plans are to financially sustain these efforts through the state's

substance abuse block grant (SAMHSA) for substance abuse prevention and treatment which the SSA has oversight of setting priorities.

***Additional performance metrics:*** To determine the effectiveness of the proposed projects, the SAA and SSA will review various data sets on a monthly, quarterly and/or annual basis. The following state and county-level data statistics will be documented and tracked for reporting purposes of effectiveness (Table 4):

**Table 4 – Additional Performance Metrics**

| Indicators | Data Source/Owner | Denominator | Value Type |
|---|---|---|---|
| Opiate-related arrests for selling/manufacturing or possession | ACIC | Total pop. | Average rate |
| Heroin-specific drug arrests for selling/manufacturing or possession | ACIC | Total pop. | Average rate |
| Prisoner treatment admissions for opiates | ADMIS | Total pop. | Rate |
| Treatment admissions based on county | ADMIS | Total pop. | Average rate |
| Students using heroin (lifetime) | APNA | NA | Average rate |
| Students using heroin (30-day) | APNA | NA | Average rate |
| Students using prescription drugs (lifetime) | APNA | NA | Average rate |
| Students using prescription drugs (30-day) | APNA | NA | Average rate |
| Removal of children due to drug use | DCFS | Total removals | Average rate |
| New mothers testing positive for opiates | DCFS | Total births | Rate |
| Naloxone administration | EMS | Total pop. | Rate |
| Opioid distribution | PMP | NA | Score* |
| Neonatal Abstinence Syndrome incidence | HCUP | In-hospital births | Rate |
| Opioid diagnosis presence on Arkansas inpatient discharges | HCUP | Total pop. | Rate |
| Opioid diagnosis presence on Arkansas hospital discharge with evidence of emergency department utilization | HCUP | Total pop. | Rate |
| Opiate poisoning | NPDS | NA | Number |
| Drug overdose deaths (non-specific) based on autopsy results | ACSL | Total pop. | Average rate |
| Overdose deaths (nonspecific) | NCHS | NA | Number |

*(Arkansas Crime Information Center (ACIC); Arkansas Department of Human Services-Division of Behavioral Health Services; Alcohol/Drug Management Information System (ADMIS); Arkansas Prevention Needs Assessment – Student Survey (APNA); Division of Children and Family Services (DCFS); Arkansas Department of Health-Emergency Medical Services (EMS) and Prescription Monitoring Program (PMP); Arkansas State Crime Labe (ASCL); U.S. Department of Health & Human Services-Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUP) and Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS); National Poison Data System (NPDS)*

The category of measures that best fits the proposed project: Statewide Planning, Coordination, and Implementation Projects.

**E. <u>Impact/Outcomes, Evaluation, and Sustainment</u>** The anticipated outcomes are: (1) Reductions in opioid-related overdose deaths as a result of community outreach, prevention and education/training in the targeted areas; (2) Tracking of overdose victims by PRS to assist them to access treatment and recovery services and collection of follow-up data on these individuals; (3) Successful criminal prosecutions of the offenders who supplied the drugs involved in overdose incidents; (4) Localities/communities gain capacity to implement strategies that address the opioid and substance use locally through local strategic action plans; (5) Increased strategies and promising practices/evidence based that support the reduction of opioid abuse and number of overdose fatalities (including use of diversion programming); and (6) Improved treatment engagement; tracking; compiling; coordinating; and disseminating statewide and local data.

***Performance Will Be Documented:*** Performance will be documented through submitted monthly/quarterly reports from the sub recipients. With coordinating efforts of the SSA and SAA, site visits will be conducted with the sub recipients to ensure and confirm progress as well as identify any problems or challenges and provide technical assistance. Site visits will be documented with a site visit monitoring tool (to be developed based on RFA) and a summary report to the subrecipient. In addition, DFA-IGS proposes that sub recipients utilize ODMAP. Project staff will monitor this application as well as sub recipient's data entry. The description of the data sources and owners of the data are listed in Table 4. The Single State Authority (SAA) Arkansas COAP 2018, Category 6 grant is being used to create a statewide data-sharing infrastructure, with a single data repository/database; an interactive web portal accessible by law enforcement, criminal justice, and healthcare stakeholders; and syndromic drug overdose

surveillance via dashboards and heat maps. This project, which is already underway, will promote cross-system planning and coordination of OUD prevention and treatment interventions through information-sharing partnerships with key stakeholders; increase the timeliness, comprehensiveness and reporting of fatal and nonfatal opioid overdose data; disseminate surveillance findings to key stakeholders and policy makers to inform prevention and response efforts; and monitor use of the data-sharing system and implement ongoing quality controls. This database will be linked to an interactive online dashboard that will facilitate data aggregation at the state, region, county, and zip code levels and the tracking of near real-time fatal and non-fatal overdose data. Through this COAP Category 6 project, will address sharing data appropriately and safely. After the federal funding has ended, plans are to explore financially sustaining efforts through the state's substance abuse block grant (SAMHSA) for substance abuse prevention and treatment which the SSA has oversight of setting priorities as well as seeking a funding stream from state resources. The initiatives funded through sub grants will be partial sustained from leveraging their local resources. This will be a special conditions requirement of the sub award and local entities will be required to show/document sustainability. Additional areas to be reviewed and determined by the planning are Policies, statues, and other regulations for financial support and sustainability are to be reviewed and determined by the COAP Statewide Planning team. This project does not propose an independent research partner; however, an evaluator/evaluation process is being proposed. The evaluator will develop the evaluation plan; collect and analyze program and activity level data as well as state level data; and complete quarterly reports and an annual evaluation report. The evaluator will work closely with the DFA-IGS project staff, COAP subrecipients, and the quality improvement committee.