Statement of Problem

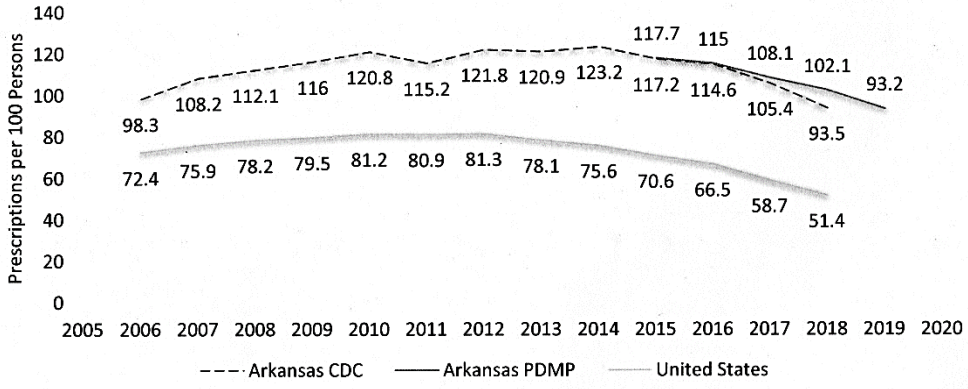
The Arkansas Department of Finance & Administration (DFA) in continued partnership with the Single State Authority on Substance Abuse (SSA) is the applicant for this grant. DFA is the State Administering Agency for COVID-19, FVSPA, JAG, RSAT, STOP, and VOCA grants. The geographic catchment area for the proposal is the State of Arkansas (population approximately 3 million) and the municipalities/counties. The project will include all ages, genders, and races/ethnicities with a focus on addressing critical gaps in Substance Use Disorder (SUD) data collection and access to services.

Arkansas is a rural state comprised predominantly of Health Professional Shortage and Medically Underserved Areas, lacking access to both primary care and mental health/substance abuse services.[1] Arkansas ranks among the worst states for poverty,[2] access to substance abuse treatment and addiction counseling, and incarceration (Arkansas's incarceration rate is the 4th highest in the nation – 589/100,000 people).[3] The state has been disproportionately impacted by the abuse of illicit opioids and prescription drugs and poor accessibility to treatment providers and facilities. Arkansas is in the top 10% for persons with opioid-use disorder (OUD) needing but not receiving treatment.[4] Only 37 of Arkansas's 75 counties have at least one healthcare professional with a DATA 2000 waiver to provide Medication-Assisted Treatment (MAT) services (state total of 358 in April 2020). In addition, the low state-literacy rates and lower health-literacy rates[5] create a potential for prescription drug abuse due to poor understanding of dosing directions.

[1] Health Resources & Services Administration (2018). Retrieved April 13. 2019 from https://data.hrsa.gov/tools/shortage -area/mua-find
[2]Estimated at 17.2% in 2019; US Census QuickFacts
[3] Carson EA. Prisoners in 2018. U.S. Dept. of Justice, April 2020, NCJ 253516.
[4] American Medical Association Opioid Task Force 2018 Progress Report. Physicians' progress to reverse the nation's opioid epidemic; end-opioid-epidemic.org.
[5] 37% of adult Arkansans have low health literacy according to the Arkansas Department of Health

In 2016, Arkansas had the second highest opioid prescription rate in the nation: 114.6 prescriptions for 100 people.[6] All but nine of 75 counties had overall opioid prescribing rates higher than the national average of 66.5/100.[7] However, the opioid prescription rate dropped to 93.2 in 2019, as shown in Figure 1 below, a change attributed to increased usage of the state-run Prescription Drug Monitoring Program (PDMP)[8] and statewide opioid prescriber education initiatives.

Figure 1: Arkansas Historical Opioid Prescription Rates



At the same time, drug-related overdose deaths also decreased. Between 2000 and 2015, Arkansas overdose deaths nearly tripled, with opioids accounting for 181 (47.3%) of the 383 deaths in 2015.[9] However, they decreased to 352 in 2019, a change associated with the decreased opioid prescription rate and increased availability and administration of naloxone for drug overdoses. EMS data show that administration of naloxone at least doubled between 2017 and 2018 in every county, with most increases considerably larger.[10]

Drug availability and rate of drug abuse is high in Arkansas and methamphetamine continues

6 Centers for Disease Control and Prevention (CDC) U.S. State Prescribing Rates, 2016.
[7] CDC: U.S. County Prescribing Rates, 2016.
[8] The Arkansas PDMP was authorized by Act 304 of 2011 and modified and strengthened in the 2013, 2015 and 2017 legislative sessions.
[9] Drug Overdose Deaths in Arkansas 2000-2015. Arkansas Department of Health Prescription Monitoring Program.
[10] Data from Arkansas Department of Health Emergency Medical Services and Trauma Branch

to be the most significant drug threat (See Table 1 below). [11] Mexican transnational Drug Trafficking Organizations (DTOs) maintain in-state wholesale distribution cells from which they import drugs from the US Southwest Border for both local consumption and distribution across the nation. Each year, hundreds of pounds of meth and cocaine, plus lesser amounts of heroin and millions of dollars in drug proceeds are seized on Arkansas's interstate highways; particularly Interstates 30, 40, and 55. Both law enforcement officials and Arkansas treatment professionals express concern about the dramatic increase in: 1) the importation, transportation, distribution, and abuse of pharmaceuticals; and 2) emergency room visits, overdoses, and overdose deaths, many resulting from use of multiple pharmaceuticals without regard for side effects.

Table 1: Arkansas Primary Drug Threats

DRUG (listed in order of threat level)	IMPACT
Methamphetamine (METH)	Leading drug threat; associated with both violent and property crime; #1 consumer of law enforcement resources
Controlled Prescription Drugs – primarily opioids	Continued increase; significant threat; contributor to violent or property crime; #2 consumer of law enforcement resources.
Fentanyl and other Opioids	Fentanyl third most significant threat
Heroin	Abuse on increase; but low threat compared to methamphetamine
Cocaine / Crack Cocaine	Highly abused; readily available; a significant contributor to crime

Source: 2020 Gulf Coast High Intensity Drug Trafficking Area (HIDTA) Law Enforcement and Treatment/Prevention Survey

Specific challenges motivating interest to apply: (1) Inconsistencies in reporting practices of county coroners, resulting in underreporting of drug-related deaths; (2) Lack of timely identification of unknown substances collected/seized at a crime scene, which impacts effective criminal investigation and poses a serious threat to officers on the scene; (3) Limited funding for Residential Substance Abuse Treatment (RSAT), as well as constraints of the RSAT guidelines and the required 25% match, have prevented Arkansas from offering this successful program to

[11] 2020 Arkansas Drug Threat Assessment, Gulf Coast High Intensity Drug Trafficking Area, Drug Enforcement Administration, Little Rock District Office.

other correctional facilities; and (4) Limited funding for Arkansas COAP 2018 Category 4 and COAP 2019 Category 2 grants will restrict project goal implementation for these grants to one and two years, respectively.

(1) Addressing the opioid abuse epidemic begins with collection and analysis of data showing the extent and location of the problem, associated risk and protective factors, community resources to respond to the issue, gaps in service capacity, and readiness to act.[12] Productive collaborations among state agencies, law enforcement and criminal justice entities, and public health policymakers require - first and foremost - accurate, timely, and readily accessible data that provide a comprehensive view of the drug abuse environment. In 2018 Arkansas was awarded a Department of Justice Comprehensive Opioid Abuse Site Based Program (COAP) Category 6 grant that was used to create a statewide data-sharing infrastructure, with a single data repository/database and an interactive web portal providing statewide drug overdose surveillance via dashboards and heat maps.[13] The dashboard promotes cross-system planning and coordination of Opioid Use Disorder (OUD) prevention and treatment interventions through information-sharing partnerships with key stakeholders and increases the timeliness, comprehensiveness and reporting of fatal and nonfatal opioid overdose data. Unfortunately, however, reporting of drug-related deaths by county coroners is inconsistent at best. In Arkansas, the county coroner is an elected position in all but two counties, with "virtually zero qualifications for a person to run and be elected;"[14] a candidate must be at least 18 years old and not a felon. No training is required, although the state has offered free death

[12] Focus on Prevention: Strategies and Programs to Prevent Substance Use. SAMSHA HHS Publication No. (SMA) 10-4120 Revised 2017.
[13] The public opioid dashboard is online at: https://afmc-analytics.maps.arcgis.com/apps/opsdashboard/index.html#/fe325c30b2744942951cdd5c7e584b8b.
[14] A look into becoming an Arkansas coroner, FOX16.com, November 7, 2016.

investigation training since 2015. Death certificates may fail to report drug involvement or lack identification of the drug (s) responsible for the fatality, resulting in underreporting of drug overdoses. This is a significant barrier to improving drug-associated data collection in our state.

Recently the Arkansas Coroners' Association launched a new state reporting system for coroners based on MDILog reporting software, which is provided to all state coroners at no charge. In return for the software, coroners are asked to use the system for case management (including identifying drug overdoses). This new system has the potential to provide real-time accurate data for collection by the Arkansas State Crime Laboratory (ASCL) and the ADH Division of Vital Statistics – if all Arkansas coroners agree to use it. Unfortunately, only some of them have.

(2) Another challenge associated with data collection is the 30-60-day lag time for identification of unknown substances collected and identified/seized at a crime scene or during an investigation due to the crime laboratory backlog. Having real-time identification of unknown substances at the scene of a crime helps to build an effective criminal investigation, identifies substances for referral to the crime laboratory, and protects law enforcement officers from potentially fatal exposures to synthetic opioids. Currently, pilot projects utilizing TruNarc hand-held analyzers are being initiated with COAP-Category 2 funds. COAP subrecipients investigating both fatal and non-fatal overdose deaths will use TruNarc analyers to identify unknown substances and generate a permanent record of the data for later use in criminal prosecution. We anticipate that use of the TruNarc analyzers will generate accurate, reliable identification of unknown substances, even in the case of polydrugs, and protect law enforcement officers, first responders, and others present at the crime scene from harmful exposures to dangerous drugs.

(3) DFA-IGS currently administers Residential Substance Abuse Treatment (RSAT) for State Prisoners grant. Awarded funds support one prison-based and one jail-based program. Although other Arkansas jail administrators have expressed interest in providing similar services, we have been unable to increase participation in these programs due to constraints of the RSAT participation guidelines, the required 25% match, and the limited RSAT funding. COSSAP funding would allow for increased treatment and peer recovery services in jails without the strict RSAT guidelines and required match. The COSSAP funded projects would duplicate the RSAT jail-based program and provide an alternative to incarceration for program participants. According to the Sevier County RSAT program administrator, RSAT has been successful in reducing recidivism, which saves taxpayer costs for incarceration, and program participants have maintained sobriety and live productive lives with their families.

(4) DFA-IGS is currently implementing projects funded by COAP 2018 Category 4 and COAP 2019 Category 2 grants. The goals of Category 4 were to develop a Comprehensive Strategic Plan to address the opioid epidemic. Five (5) priorities have been identified and recommended by the strategic plan for localities and municipalities project implementation. However, Category 4 funding will only support one year of implementation. The goals for Category 2 are to support projects that align with the strategic plan and initiate a new overdose investigation program that paired a crime scene investigator with a peer recovery specialist in a minimum of six different geographically areas. Category 2 funding will only support these projects for two years. Allocation of COSSAP FFY2020 grant funds to continue COAP 2018 Category 4 and COAP 2019 Category 2 activities will provide continuity between our COAP/COSSAP projects, allow more time for project evaluations, and increase the potential for their sustainability.

Inability to fund the proposed program without federal assistance. Arkansas is a state that takes its responsibility to maintain a balanced budget (legislated by the Revenue Stabilization Act of 1945) very seriously. It is also a state that elected to expand Medicaid to serve approximately 300,000 additional Arkansans earning up to 138% of the federal poverty level. Arkansas is in the process of downsizing government and streamlining expenses to meet budgetary needs and commitments to the Medicaid population, which has limited the state's ability to address the opioid crisis. For that reason, the state has applied for and been granted federal funding for the majority of ongoing opioid prevention and treatment initiatives. The Arkansas Department of Human Services, Division of Aging, Adult & Behavioral Health Services is a recipient of Prescription Drug/Opioid Overdose (PDO), State Targeted Response (STR) to the Opioid Crisis, and State Opioid Response grants to fund opioid prevention, treatment, and recovery services; and has submitted a second SOR grant proposal to enhance these efforts, implement additional programs, and address stimulant use disorders, including for cocaine and methamphetamine.

It is our hope that the documented success and cost-effectiveness of Arkansas programs that have been. and will be, implemented with federal funding will ensure that they will continue with state and local financial support. However, proposing new objectives and strategies to implement new projects to fight the substance abuse issues in our state can only be done with federal funding, especially in light of the pressures on the state budget caused by the current COVID-19 pandemic. This unparalleled healthcare crisis has increased the need for Arkansas to step up efforts to contain OUD and SUD in a new environment of virtual meetings, telehealth and telemedicine, and social distancing. The State of Arkansas cannot do that without federal funding.

Project Design and Implementation

***The proposal addresses COSSAP allowable uses as well as proposed projects* aligns with the comprehensive opioid abuse misuse strategic plan.** COSSAP grant funds will be used for "comprehensive, real-time, regional information collection, analysis, and dissemination." DFA-IGS proposes to standardize and enhance the reporting practices of county coroners to reduce underreporting of drug-related deaths through the utilization of MDILog. When coroners' death certificate data indicate an opioid-related or substance-related death, this information will be added to the existing Arkansas opioid database and dashboard. DFA-IGS is proposing a partnership with the Arkansas Coroners' Association to assist with the comprehensive, real-time, regional/county data collection. The proposed project for 75 coroners to utilize the MDILog. The MDILog can capture data at the local level. Data capture at the time of death as it relates to opioid/substance related deaths will be valuable to closing the data gap of reported deaths. This data from the MDILog can be disseminated and included in the data sharing. An interagency agreement will be developed outlining the program design and the desired outcomes. The association will be responsible for administering funds to the local coroners.

In addition, TruNarc hand-held analyzers are to be used by COSSAP subrecipient of the overdose investigation RFA. These will be law enforcement agencies that come from geographically diverse counties/locations. The TruNarc will generate real-time identification of unknown substances collected/seized at a crime scene or present at the site of both fatal and nonfatal overdose incidents. These analyzers can identify unknown substances without removing the packaging, which will protect law enforcement officers, first responders, and others present at the crime scene from harmful exposures to dangerous drugs. The anticipate use of these

analyzers will generate immediate, accurate, and reliable identification of unknown substances, even in the case of polydrugs, and generate permanent records of the data collected for later use in criminal prosecution as well as for a quicker referral of services. This proposed project is an expansion of the existing implemented project from Category 2 (overdose investigation). The proposed project is designed to have a designated investigator to investigate overdoses as well as an opportunity to divert persons to treatment and provide peer recovery services on the scene of a fatal and non-fatal incidence.

COSSAP grant funds will also be used for "treatment alternative-to-incarceration programs that serve individuals at high risk for overdose or substance abuse." DFA-IGS proposes to use COSSAP funds for a treatment in jails. The proposed project will be similar to the Arkansas Residential Substance Abuse Treatment for State Prisoners Program (RSAT), but without the RSAT 3 month required participation or 25% match. The proposed project would allow DFA-IGS to expand and enhance existing services that are funded by RSAT. It will offer similar services than those provided by the RSAT program by adding peer recovery support and access to transitional housing. This proposed project would not only serve individuals at high risk for overdose but for individuals who suffer from substance abuse disorders. The proposed project is intended to be implemented in local jails/detention centers and serve as an alternative-to-incarceration. The program design would allow treatment options for the offenders in lieu of incarceration for certain low-level offenses. This would be determined by the sentencing courts. All funded projects will be required to implement evidence-based treatment programs and utilize the peer recovery specialists. Because of the uniqueness, DFA-IGS will develop a partnership with Sevier County Detention Center, a current RSAT subrecipient, to assist with program

development. Sevier County will provide guidance and serve as a program mentor to assist COSSAP subrecipients in providing similar jail treatment services and structure.

Lastly, COSSAP funds will be used to continue COAP 2018 Category 4 (Implementation Phase) that are scheduled to end on September 2021. The implementation of strategies from the comprehensive strategic plan will allow localities and municipalities to address the priorities identified by the COAP Strategic Plan Workgroup. The localities and municipalities will have an opportunity through subgrants to implement projects in their perspective communities to address opioids and other substance misuses. Additional implementation and monitoring of these activities will provide a more thorough evaluation of their efficacy.

COSSAP project deliverables. Deliverables to be produced as a result of implementing projects for alternative to incarceration-jail treatment services. (1) Increased number of jail-based treatment programs being implemented in the state; (2) Increased number of offenders engaged and referred to treatment and/or provided treatment while in custody; and (3) Increased offender's access to treatment programs and peer recovery services and/or aftercare services.

Deliverables to be produced as a result of implementing overdose investigations, peer recovery specialist and data collection project. (1) Increased number of 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; (3) Improved follow-up treatment and recovery services for individuals who have experienced an overdose and resources for families of overdose victims and (4) timely identification of unknown substances.

Deliverables to be produced as a result of partnering with the Arkansas Coroners' Association. (1) Developed and enhanced data linkages across state and local-level data collector

and data systems; (2) 75 county coroner actively utilizing MDILog to record deaths to strengthen data collection; and (3) Timely data collection of opioid/substance related deaths and submission from all 75 county coroners.

Deliverables to be produced as a result of implementing strategies identified in the Statewide Comprehensive Plan. (1) Reduction in stigma associated with persons with substance use disorders through law enforcement and community efforts; (2) Increased support and recovery services through peer recovery for justice-involved persons and their families who suffer or experience substance use disorders; (3) Established and/or Improved post overdose investigation, protocols, follow-ups, and response to SUD deaths/fatalities and non-fatal.; and (4) Increased awareness about the opioid crisis and law enforcement/community strategies through building capacity and providing education.

If applicable, address the priority considerations. No matter how you measure it, Arkansas is a very rural state. When using the county-based metropolitan/nonmetropolitan definitions, 41% of Arkansans live in rural counties, according to 2017 population estimates. In contrast, only 14% of the United States population as a whole live in nonmetropolitan counties. Poverty in Arkansas remains high, with populations living in the Delta and Coastal Plains faring worse than those in the Highlands and Urban regions of the State. In 2016, poverty rates for the total population, children and the elderly, were all higher in Arkansas than the nation as a whole. Arkansas' children are disproportionately impacted by poverty. More than one-in four children (27%) in Arkansas were living in poverty in 2016. More than half of Arkansas' 75 counties were classified as having persistent childhood poverty in 2016. There are challenges that Arkansas rural communities face and the individuals who are intended to benefit from the requested grant

reside in high-poverty areas and/or persistent-poverty counties. Priority considerations are addressed in Attachment 13 a and 13 b.

At the time of the application submission, there were no potential barriers to implementing the proposed projects identified.

Proposing in depth COAP/COSSAP evaluation services. DFA-IGS proposes to continue to evaluate projects funded with COAP/COSSAP funds. Projects include implemented activities funded with COAP 18 and COAP 19 as well projects to be funded with COSSAP 2020. DFA-IGS will secure a project evaluator to conduct the evaluation. The evaluator will design the 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 reports and data analysis are to consist of progress towards deliverables and statistical data from the performance metrics identified sources. The evaluator will oversee all evaluation activities and report to the DFA-IGS program manager and program coordinators as well as forward information to the COSSAP advisory group (workgroup). DFA-IGS along with the evaluator will maintain confidentiality of all data. Performance assessment will be conducted, and the evaluator will produce monthly and quarterly progress 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 as needed. It is anticipated that the evaluation process will allow for quality improvement. During the project periods, a quality improvement committee (COSSAP advisory/workgroup) will be utilized to assist with tracking of COSSAP's effectiveness as well as to discuss challenges/barriers and 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.

Supporting peer recovery services. For supporting peer recovery services, the plans are to collaborate with the existing peer recovery services program. The Peers Achieving Collaborative Treatment (PACT) Program is facilitated through the Department of Human Services and it provides vital peer recovery support services through cross-agency collaboration with law enforcement, correctional facilities, drug courts; pre-release and reentry programs; transitional housing and sober-living houses; and hospital emergency rooms.

As part of the program design, peer recovery services will be included in implemented projects where applicable. Currently, projects are including Peer Recovery Specialists with the overdose investigation initiative. Plans will be to include Peer Recovery Specialists with implemented jail-based treatment services. Under the Department of Human Services (DHS)/State Drug Director (Single State Authority-SSA), there is a Peer Recovery Program being developed, Peers Achieving Collaborative Treatment (PACT). The SSA has a designated Program Coordinator that is developing and connecting these services along with Peer Recovery Service Committee. The coordinator helps to facilitate and coordinate peer recovery services throughout the State including peer recovery specialist trainings. Trainings and peer recovery certifications are conducted by the Arkansas Substance Abuse Certification Board. This board is a member of IC&RC. For COSSAP projects, peer recovery services are being proposed. For determining, how the peer recovery services will be evaluated and measured for effectiveness has not been determined. This will be developed by the proposed SSA staffing and the evaluator.

Number of proposed implementation sites: DFA-IGS proposes to implement multiple sites across the state. There will be at least a minimum of six (6) geographically diverse sites as required by the solicitation. The sites or projects will include but not limited to multijurisdictional agencies or other law enforcement entities; local jails/detention centers; and other municipalities/counties. Selected projects will be geographically diverse. Proposed project will consist of the following at least five (5) Jail Program Sites; at least six (6) Overdose Investigations, Peer Recovery Specialist, and Data Collection sites; in partnership with the Arkansas Coroners' Association up to 75 counties; and at least 15 new sites that support the implementation of the comprehensive strategic plan strategies.

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.

Site selection criteria: Specific counties that have experienced high rates of opioid deaths in COAP Category 2 have been identified; however, the specific subrecipients for the proposed projects have not been selected. Subrecipients will be based on criteria outlined in the solicitation. The criteria have not been developed for selection. 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 DFA-IGS websites and forwarded by email correspondences 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.

Supporting and Assisting the Sites and Training: DFA-IGS will support the selection of sites by utilizing assigned staff (grants analyst and project coordinator) and the existing Single State Authority (SSA) for substance abuse contracted providers and 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 using developed tools for submission of monthly/quarterly data. Sub recipients will be required to attend quarterly subrecipient's meetings with purposed agendas. During subrecipient's meetings, project staff and SSA partners will be able to address issues and concerns as well as provide additional trainings and discuss overall project progress and performance. DFA-IGS will also utilized special conditions in the subaward agreement to address the mandatory deliverables (implementation manuals and project annual summary) and deadlines as well as any identified required trainings. DFA-IGS will conduct a specific planning session dedicated to providing guidelines for meeting COSSAP requirements and obtaining mandatory deliverables. DFA-IGS will utilize the COSSAP TTA providers to assist with the how the mandatory deliverables should be addressed with content, formatted, and completed. As stated in the interagency agreement, SSA proposed staffing and coordination with subcontractors will assist with providing technical assistance where applicable. Key staffing will work closely with sites to ensure project implementation as well as the development and accomplishing the mandatory deliverables.

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. For COSSAP, 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 15% of time towards this project.

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 agencies, recovery organizations, 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 is the Chair of the Council.

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 and the Project Coordinator, with 20% of her time available for project planning and implementation.

In addition, DFA-IGS will assign one Grants Analyst-Project Lead (50% of time) key staff to the COSSAP projects; two Grants Analyst (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. In addition to DFA-IGS program staffing, funding for a position with the Department of Human Services/Office of State Drug Director is being proposed. This position will provide additional staffing to coordinate and support day to day operations of implemented projects and oversight of services being provided.

DFA-IGS has two active interagency agreements with the Department of Human Services/Office of State Drug Director (SSA-Single State Authority for substance abuse). The agreements are to assist with planning, facilitating and providing additional project implementation support for COAP FFY 18 and FFY 19. DFA-IGS has initiated a third agreement with the SSA which consist of supporting a position for peer recovery services and data collection sharing/dashboard. These agreements can be found in **Attachment 13d.** As a result of this funding opportunity, a new partnership is being developed with the Arkansas Coroners' Association. This partnership will consist of the Association administering funds at the local level and providing oversight of the county coroner's data collection and utilization of the MDILog. The Association's letter of support can be found in **Attachment 13d**.

Description of Key personnel. 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 the COSSAP grant programs.

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)-Grantee			
Kenya Buffington, Serving As Project Coordinator	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. Grants Analyst-Project Lead	Perform day-to-day program operations & implementation; monitor sub recipients; and process invoices	50%	Grants Analyst-SAA/Key Personnel; Education: MBA; Experience: 5+ years grants and program management
Sriyani Rodrigo, Accounting I	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)
Tanya Patton, Grants Analyst	Monitor & Process Invoices	10%	Grants Analyst-SAA; Education: BA; Experience: 2+ years monitoring and programming experience
Tevin Sharp, Grants Analyst	Monitor & Process Invoices	10%	Grants Analyst-SAA; Education: BA; Experience: 2+ years monitoring and programming experience
Kathleen Kenney, Fiscal Support Specialist	Perform administrative duties	10%	Fiscal Support Specialist-SAA
Department of Human Services/Office of State Drug Director (SSA)-Partnership			
Sharron Mims, SSA Program Manager	Assist with program planning, facilitating, and coordination of project implementation (In-kind)	25%	Program Manager; Personnel; Education: BA; Experience: 10+ years program management
To Be Determined-Program Coordinator	Provide oversight of program implementation-peer recovery services- from the partnering agency	100%	To Be Determined

DFA-IGS is willing to work closely with the COSSAP program evaluator as well as training and technical assistance providers. DFA-IGS will secure its own program evaluator to conduct assessments and effectiveness of implemented projects. As part of DFA-IGS subgrant

requirements, subrecipients are required to work with COSSAP evaluators and participate in site specific or cross-site evaluations.

Plan for Collecting the Data Required for Performance Measures

Plans for collecting data: 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 the evaluator 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. The evaluator will collect

information and complete data analysis from these reports. With coordinating efforts of the 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.

Performance metrics and data sources: To determine the progress and effectiveness of the proposed COSSAP projects, the SAA and evaluator will review various data sets on a monthly, quarterly and/or annual basis. Below is a table of data set indicators and the sources of data to be assessed.

Indicators	Data Source	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

ASCLS = AR State Crime Laboratory; DCFS = DHS Division of Children & Family Services; EMS = Emergency Medical Services; PMP = Prescription Monitoring Program; HCUP = Healthcare Cost & Utilization Project; NPDS = National Poison Data System