



State of Arkansas Recovery Plan Performance Report

State and Local Fiscal Recovery Funds 2023 Fiscal Year

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PART I – GENERAL OVERVIEW



Executive Summary

The United States Treasury distributed \$1,573,121,580.80 of State and Local Fiscal Recovery Funds (SLFRF) for the State of Arkansas to utilize for mitigating the impact of the COVID-19 pandemic. With the issuance of Executive Order 21-08, Governor Asa Hutchinson established the Arkansas American Rescue Plan Act of 2021 Steering Committee (Steering Committee). The Steering Committee was comprised of fifteen (15) members: nine (9) Department Secretaries and six (6) Legislators. Of the Legislative members, the House and Senate have three (3) delegates each, including the Senate Minority Leader and

a Minority Party Representative. The Steering Committee members have the following duties: study and analyze the relief available to the State of Arkansas, its citizens, and businesses under the American Rescue Plan Act of 2021 (ARPA); identify and prioritize the needs of the State of Arkansas, its citizens, and businesses for the application of available relief; and make recommendations to the Governor on best uses of the American Rescue Plan Act funding.

The Steering Committee met eighteen (18) times between July 1, 2022, and January 24, 2023, and awarded funds totaling \$742,673,184.92 for projects including: infrastructure projects (broadband, water, and sewer); support for the statewide COVIDComm system, which coordinates COVID-19 patient transfer in the state; monoclonal antibody administration; and unreimbursed costs to skilled nursing facilities as well as COVID-19 testing and vaccination. In addition to these previously considered projects, the Steering Committee also approved funding for increased hospital bed capacity, support for nonprofits providing services against domestic violence and sexual assault, and supporting hospitals.

A proposal template and submission guidance were created to assist the Steering Committee in their consideration of proposals and to ensure fair and equitable treatment across all sectors. A publicly available website was created for applicants to submit proposals:

<https://arpa.arkansas.gov/home/dfa-proposal/>.

Governor Sarah Huckabee Sanders was inaugurated on January 10, 2023. "To allow her administration the opportunity to determine the most efficient and effective manner to disburse these funds in accordance with federal and state law,"¹ Governor Sanders repealed the executive orders that created the Steering Committee with Executive Order 23-14 on January 24, 2023.

¹ Ark. Exec. Order No. 23-14 (Jan. 24, 2023), https://governor.arkansas.gov/executive_orders/executive-order-to-repeal-executive-order-21-08-establishing-the-arkansas-american-rescue-plan-act-of-2021-steering-committee-and-executive-order-21-19-establishing-the-governors-infrastructure/.

Uses of Funds

State and Local Fiscal Recovery Funds have been used through June 30, 2023, (FY2023) to address each of the expenditure categories, with the exception of Premium Pay and Revenue Replacement:

- Public Health – use of the funds include increased staffing capacities to the stressed healthcare systems of the State and ongoing COVID-19 mitigation efforts and expenses of skilled nursing facilities as they serve the most at-risk population. In addition, mental health services and community violence interventions are bolstered by SLFRF funding. Further funding has been approved for reimbursement of COVID-19 testing and vaccination costs.
- Negative Economic Impacts – several projects provide relief of the negative economic impact for both the travel and hospitality industries in Arkansas: addressing educational disparities through academic, social, and emotional services; and assistance to unemployed or underemployed workers.
- Public Health - Negative Economic Impact: Public Sector Capacity – the Steering Committee approved proposals to address the needs of the disproportionately impacted communities such as a court case management system as well as provide funding for hiring prosecutors and public defenders in order to address the backlog of cases.
- Water, sewer, and broadband infrastructure – additional funds for broadband expansion in the State have been approved by the Steering Committee and the Governor. Several water and sewer infrastructure projects have been approved by the Steering Committee and have begun providing funds in FY2023.

Sections 602(c)(1)(C) of the American Rescue Plan Act allows states to use funding for government services up to the amount of revenue loss calculated or a standardized amount. The U.S. Treasury SLFRF final rule implements these provisions by establishing a definition of “general revenue” for purposes of calculating a loss in revenue and by providing a methodology for calculating revenue lost due to the COVID-19 public health emergency.

The State of Arkansas experienced a significant loss in State revenues during the first year of the pandemic. In State fiscal year 2019 (FY2019), the last full fiscal year before the pandemic, the State generated \$11,951,749,763.49 in general revenue. The State has elected to apply the standardized growth rate of 5.2% calculation rather than calculate the growth rate for Arkansas. This standard growth rate applied to the FY2019 revenue level results in a projected “counterfactual” revenue if COVID-19 had not occurred of \$12,573,240,751.19 in fiscal year 2020 (FY2020). The State’s actual revenue in FY2020 was \$11,559,662,501.71 resulting in an estimated revenue loss due to COVID-19 of \$1,013,578,249.48. As this exceeds the \$10 million standardized option, the State of Arkansas did not elect to take the standardized amount.

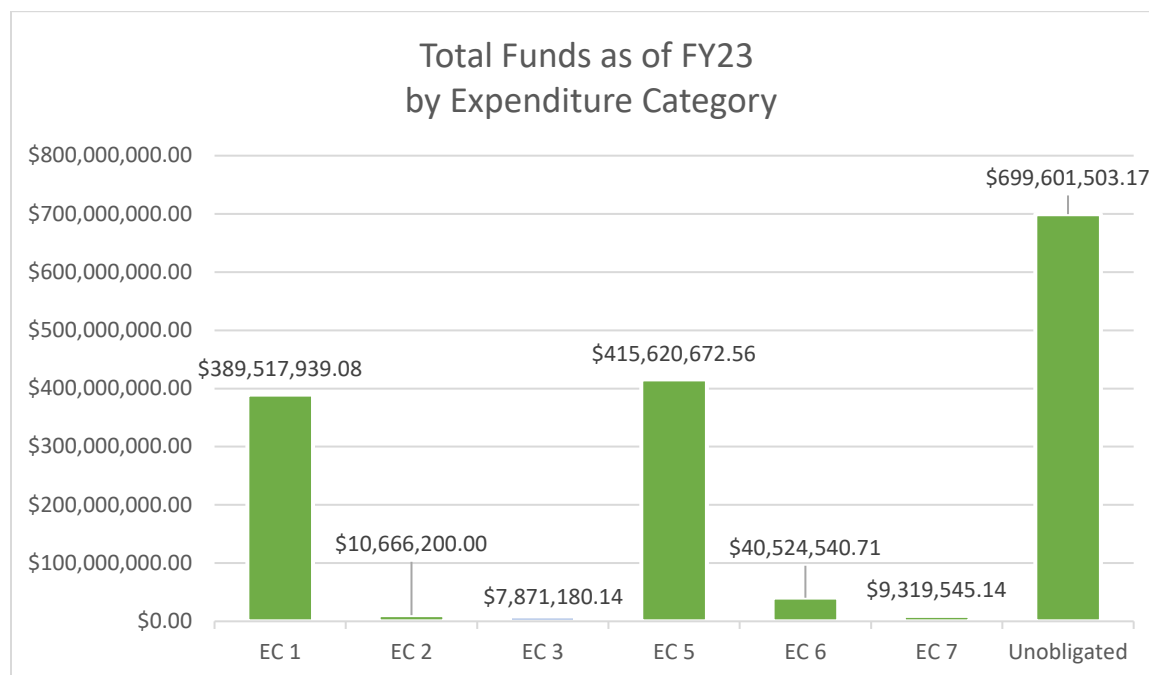
States have been given broad latitude to use funds for government services up to the amount of revenue loss due to the pandemic. Revenue loss funds can be used for the provision of government services which includes services traditionally provided by the state. The State has allocated approximately \$262.5 million or 22.9% of its total allocations to date towards revenue

replacement. The State of Arkansas has identified the following areas of need that the revenue loss funding will support:

- Consulting support for additional Federal funding (e.g., Infrastructure Investment and Jobs Act, etc.);
- Medicaid share of reasonable, allowable property costs;
- Outdoor recreation projects including trail infrastructures and State Parks; and
- Wildlife and fish hatchery programs to support the Game and Fish Commission.

The State of Arkansas is not planning on utilizing this funding for non-federal cost-share or matching requirements of other federal programs. The State will ensure that these funds will not be utilized for the following disallowed uses under Section 602(c)(2) and the final rule:

- Contributions to pension plans;
- Offset a reduction in net tax revenue;
- Payment of principal or interest on outstanding debt;
- Replenish a budget stabilization fund, rainy day fund, or similar reserve account;
- Satisfy settlements and/or judgments; or
- Fund programs or services that undermine the efforts to stop the spread of COVID-19.



Promoting Equitable Outcomes

Projects are designed to serve areas that are underserved by closing gaps in existing service – such as lower socio-economic areas and/or populations. Access to these projects is spread through the programs administering them. Goals of equity, diversity, and inclusion are addressed as a top priority in the application process as evidenced by the following:

Boys & Girls Clubs of Arkansas

The Arkansas Alliance of Boys & Girls Clubs assists youth negatively impacted by COVID-19 and in lower socio-economic areas by providing job skills training, healthy meals/snacks, and mental health services. This approach ensures that all Arkansan youth are able to access a universal level of service by filling the gaps schools cannot fill. The Boys & Girls Clubs Mission Statement is “to inspire all young people, especially those who need us the most, to reach their full potential as productive, caring, and responsible citizens.”

Broadband

Broadband projects are targeted to areas of individual geographical locations and will be allocated and developed based upon need, particularly areas where reliable wired connection is lacking. Projects were approved based on a variety of factors, including their quality of coverage, affordability of service to consumer, and speed of service. Broadband projects are not approved for areas that already have existing Federal funding grants so gaps in service areas would be prioritized.

Community Violence Interventions

Those who would need services related to domestic and sexual abuse were disproportionately impacted by COVID-19. A Department of Health and Human Services report on Child Maltreatment in 2020 indicates that due to school and work closures in addition to layoffs, many spent more time at home without alternate settings to avoid or receive help in avoiding circumstances that lead to increased abuse. The projects funded assist in providing child abuse services, legal services, housing facilities, and mental health services, among others.

Court System Access and Indigent Defense

Due to the effects of COVID-19, there has been a backlog of court cases. One method to ease the backlog is a case management system that allows for easier access to court information as well as reminders for court dates. In addition, this project adds camera systems to courtrooms to allow for remote access that was sorely needed during the pandemic. Further exacerbating the backlog of cases is the lack of public defenders who serve those otherwise unable to pay for legal defense services. Courts as well as public defender offices are able to provide interpreters for those whose first language may not be English, and the public defenders can also assist others who may have limitations in understanding the legal system. These efforts help those who are shown to be disproportionately affected by COVID-19.

Community Engagement

Prior to Ark. Exec. Order No. 23-14 , the Steering Committee website provided information for the public regarding the committee’s activity, access to meeting minutes, and proposals under consideration at the time. In addition, a dedicated email address was created and had been monitored daily where the public can submit questions, ideas, and suggestions as well as project proposals.

Labor Practices

Workforce practices on all infrastructure projects and projects with capital expenditures included vetting contractors to ensure that local companies that support the local community. The State of Arkansas strongly encourages local hiring and prioritized these entities in awarding decisions. By using multiple Arkansas contractors to install and splice fiber for broadband projects, recipients were able to provide employment opportunities and support economic recovery in several areas of Arkansas. For the Boys and Girls Clubs, the Clubs select companies based on project timelines, costs, recommendations, and reputation in order to ensure that the project will be completed to meet the standards of the organization.

Use of Evidence

The proposal application requires a detailed explanation of evidence-based interventions and method of evaluating and monitoring outcomes. Evidence-based interventions are incorporated into the following programs:

Boys & Girls Clubs of Arkansas

The Arkansas Alliance of Boys & Girls Clubs utilizes evidence-based interventions in programs related to mental health services, career preparation, and nutrition. In particular, a widely recognized evidence-based model for mental health services is Positive Action. A series of validated studies have shown Positive Action to enhance social-emotional; mental and physical; and academic outcomes. For work readiness, the Boys & Girls Clubs use Roadmap to Careers, and for nutrition, they implement weekend backpacks, nutrition instruction, and outside of school/after school snacks.

Community Violence Interventions

The Arkansas Coalition Against Domestic Violence (ACADV) implements the Lethality Assessment Program – Maryland Model to prevent domestic violence homicides through law enforcement officers and other community professionals. The U.S. Department of Justice has designated the Lethality Assessment Program – Maryland Model as a “promising practice.”

Performance Report

The Steering Committee’s overarching goal was to provide relief to the State of Arkansas and its citizens and businesses. Through monitoring the output and outcomes of each project, the Steering Committee ensured that the approved projects were achieving the overarching jurisdictional goals. In the height of the surge of the Delta strain of COVID-19, many hospitals and skilled nursing facilities were over capacity and/or understaffed due to lack of workforce or illness. Monitoring the number of medical and ICU beds that were supplied and staffed with SLFRF funding as well as number of COVID-19 tests administered to skilled nursing facility staff measured the results for these projects.

In addition to hospital and skilled nursing facility staffing, the Steering Committee monitored projects that established broadband infrastructure. The broadband projects not only served the end user (e.g., Arkansas State Parks and Welcome Centers) but also provided possible middle-

mile services through providers that may not otherwise build fiber to these locations. This middle- and final-mile combined service meets the goal of providing relief to the citizens and businesses of Arkansas. Performance indicators for these broadband infrastructure projects include the quality of services, reliability of connection, and increase of download/upload speed to a minimum scalable 100/20 Mbps.

PART II – PROJECT INVENTORY

Projects in Progress as of June 30, 2023

Expenditure Category 1: Public Health (PH)

Project 143: Emergency Aid Relief to Hospitals

Funding amount: \$60,000,000.00 budgeted; \$8,541,301.15 obligated; \$8,541,301.15 expended.

Project Expenditure Category: 1.10, COVID-19 Aid to Impacted Industries

Project Overview: Hospitals continue to experience financial strain due to the economic impacts of the ongoing COVID-19 pandemic. Increased costs and labor shortages have resulted in lower revenues, meaning several hospitals, particularly those that serve rural populations, are at immediate risk of closure. Therefore, this project seeks to use a portion of the State and Local Fiscal Recovery Funds (SLFRF) to address the negative impacts of the public health emergency due to the COVID-19 pandemic, such as staffing and bed shortages; extraordinary costs of providing COVID-19 mitigation, prevention, and treatment; and disruptions in utilization of health care services across payers. The Arkansas Department of Human Services (ADHS) will make allotments of funds to each qualifying hospital according to defined criteria, and subject to specific restrictions.

Use of Evidence: To demonstrate immediate jeopardy, hospitals must demonstrate financial distress through various financial metrics such as quick-ratio, cash-on-hand, operating margin, etc. Hospitals must also be licensed by the Arkansas Department of Health as a ‘general hospital’ and be currently enrolled with AR Medicaid. Hospitals will be required to participate in a rigorous study of their operations, including a robust financial analysis, and submit an application for funding. There is a limit of \$10 million per hospital, and applicants will be required to submit expense documentation to support their application as well as a thorough plan to achieve sustainability.

Performance Report: ADHS will audit hospitals that receive funding under this proposal to ensure they meet the eligibility criteria, use funds only for appropriate purposes, and follow their sustainability-plans, including discrete steps taken to improve their business models and practices. Documentation of expenditures will be subject to disclosure to, and audit or review by, ADHS. Any unsupported expenditures will be recovered from the hospital.

Project 103: Women and Children First

Funding amount: \$1,754,107.00 budgeted; \$1,754,107.00 obligated; \$1,754,107.00 expended.

Project Expenditure Category: 1.11, Community Violence Interventions

Project Overview: The Women and Children First Center Against Family Violence will help with providing child abuse services, behavioral health services, career services, and legal services to a disproportionately impacted population. In 2019, 37 families were served by being placed in transitional housing. This number rose to 469 families served in 2020 and 2021 combined. One of the main activities of this project is the planned increase in the number of rooms from 54 to 90 upon completion. Another main activity is to increase the number of those needing supportive services. As with the increase of 54 rooms to 90 rooms for the 3% that stay in the shelter, the number of those served with supportive programs is expected to increase from 1,800 to 3,000.

(continued: Project 103: Women and Children First)

www.wcfarkansas.org

Use of Evidence: To provide a safe place for victims to go for shelter in addition to receiving other supportive services. Women and Children First continues to assess possible evidence-based interventions to incorporate into their SLFRF project prior to expending funding. There was \$1,754,107.00 obligated to the evidence based intervention.

Performance Report: Providing the victims tools to be able to move out of the safe home. One possible measure of efficacy will be the number of those who need services that will be able to receive them with this increase in available rooms. Additional measures will be established once an evidence-based intervention is selected and construction has been completed.

Number of workers enrolled in sectoral job training programs: 0

Number of workers completing sectoral job training programs: 0

Number of people participating in summer youth employment programs: 0

Project 105: Arkansas Coalition Against Domestic Violence (ACADV)

Funding amount: \$8,280,000.00 budgeted; \$2,070,000.00 obligated; \$2,070,000.00 expended.

Project Expenditure Category: 1.11, Community Violence Interventions

Project Overview: The focus of this project is to increase training for domestic violence shelters, to receive critical resources and technical assistance, promote victim centered responses, and other mental health assistance. In addition to new forms of abuse making it more difficult to leave abusive situations, individuals experiencing domestic violence during COVID-19 are also facing barriers to mental and physical health. A report done by the Globalization and Health Journal indicated that domestic violence support services report 75% of individuals seeking help have clinical posttraumatic stress symptoms, with depression and anxiety even more prevalent amid the COVID-19 pandemic. Also, reports indicate that domestic violence against women during COVID-19 has affected women in various ways, including increased experiences of chronic pain, sleep disturbances, depression symptoms, brain injuries, sexually transmitted diseases, substance abuse, and other psychological symptoms. Most worrying is that the incidences of physical intimate partner violence and the severity of injuries has increased during the pandemic. Radiology Journal reports higher incidences of high-risk abuse such as strangulation, use of weapons, stab wounds and burns during the COVID-19 pandemic. These combined factors of new tactics to isolate victims of violence from services, exacerbated negative mental and physical health outcomes for survivors during COVID-19, and an increased risk of death or serious injury make survivors of domestic violence and their children an exceptionally vulnerable population during the COVID-19 pandemic.

<https://www.domesticpeace.com/>

Use of Evidence: A preliminary evidence-based intervention has been implemented. Reports made by the International Journal of Public Health and the International Journal of Mental Health Nursing indicate that COVID-19 is being used as a form of abuse through coercive control strategies. Perpetrators are capitalizing on the isolating conditions of lockdowns and home quarantines to enforce separations from social support using containment, fear, and threat of contagion as a mechanism of abuse.

(continued: Project 105: Arkansas Coalition Against Domestic Violence)

Programs utilizing funding under the ACADV ARPA program follow the Maryland Model to address these issues exacerbated during the COVID-19 pandemic. The Lethality Assessment Program—Maryland Model (LAP) is an innovative, multi-pronged strategy to prevent domestic violence homicides. Law enforcement officers and other community professionals trained in the LAP use an evidence-based lethality assessment instrument based on the pioneering research of Dr. Jacquelyn Campbell to identify victims of intimate partner violence who are in highest danger of being killed by their intimate partners. Once a High-Danger victim has been identified, the first responder immediately connects the victim via a hotline call to the local domestic violence service program (DVSP) for emergency safety planning and enhanced service provision. The Lethality Assessment Program is an evidence-based intimate partner homicide prevention model to be honored as a “promising practice” by the U.S. Department of Justice and has been studied and validated. There was \$8,280,000.00 allocated to the evidence-based intervention.

ACADV has worked with programs receiving this funding by training and ensuring that they are following evidence-based practices and interventions. Our staff have increased training to programs significantly over course of the project to ensure that victims are receiving the best services possible and programs are abiding by the tenets of the Maryland Model LAP evidence based plan. Year one requirements for this funding included training on evidence-based practices, Board of Directors roles and responsibilities, and Program Sustainability. Every single program met all of the requirements in year one.

Performance Report: This funding is assisting those who are disproportionately affected by the COVID-19 pandemic due to victimization patterns. Their stay in shelter is necessary to prevent homicide, and access to shelter has been greatly impacted by COVID-19. Since the beginning of this project, ACADV member programs reported the following data:

- 23,471 Domestic Violence hotline calls
- 19,814 face to face crisis interventions with victims
- 95,485 nights of emergency shelter provided
- (45.3% of all shelter nights calculated were for children 12 and younger in shelter with parents)

The number of services provided to victims in Arkansas in the year 2022 was significantly higher than the previous year. Additionally, supportive services including transportation for victims, medical costs related to COVID-19 and other illnesses, mental health services, wellness programs, emergency food and shelter, safety planning, and other crisis related interventions have been provided to 23,471 individuals.

Project 106: Ozark Rape Crisis Center

Funding amount: \$374,896.00 budgeted; \$156,206.99 obligated; \$156,206.99 expended.

Project Expenditure Category: 1.11, Community Violence Interventions

Project Overview: Victim services coordination between law enforcement, judicial, healthcare, mental health care, human service, and community engagement programming, all critical to effective crisis responses for victims of sexual and domestic abuse. To assist with transportation to and from the shelter and court cases.

(continued: Project 106: Ozark Rape Crisis Center)

<https://www.ozarkrapecrisiscenter.org/>

Use of Evidence: Ozark Rape Crisis Center (ORCC) uses the Empowerment Model in its provision of all services, which means all services are victim-centered and trauma-informed, which is considered a best practice. Funds will also be used to reimburse mileage for the staff that will provide transportation at the Arkansas rate of 0.42 per mile. Process evaluation for all victim services provided consists of statistical and demographic data contained in case files and is reported through quarterly performance reporting. Outcome evaluation consists of feedback received from individuals served regarding the impact of services provided by Ozark Rape Crisis Center through a client satisfaction survey process. Evidence based violence prevention curricula is utilized to provide community educational programs. There was \$156,206.99 allocated to the evidence-based intervention.

Performance Report:

The first quarter of any calendar year (January, February, March) has historically been the slowest time of year for this organization. However, during the first quarter of 2023, requests for services increased by an alarming 400% from any first quarter in ORCC's history. We believe this is a direct reflection of the success of this project in informing and engaging communities of assistance and services available and providing access to the services.

The curriculum titled "Safe Dates" is a research-based program with strong, long-term outcomes. Safe Dates has been identified as a model program in the National Registry of Effective Programs. It can be presented in four, six, or nine sessions and is designed to prevent the initiation of psychological, physical, and sexual abuse between individuals in dating relationships by using interactive group discussion. This curriculum is generally presented in school settings and the evaluation consists of a pre/post-test, which are all on file in house.

The other curriculum being used is called "Dating Matters: Strategies to Promote Healthy Teen Relationships." It is a comprehensive teen dating violence prevention model developed by the National Centers for Disease Control and Prevention to stop teen dating violence before it starts. Dating Matters is an evidence-based teen dating violence prevention model with both a teen module and a parent module that includes prevention strategies for individuals, peers, families, schools, and neighborhoods. This curriculum is being utilized with teens within the school setting, but it also has been approved by ADHS as a parenting class and is being provided to parents who have lost or who are at risk of losing their children to foster care. We have seen success with this program resulting in some parent/child reunification.

Number of workers enrolled in sectoral job training programs: 0

Number of workers completing sectoral job training programs: 0

Number of people participating in summer youth employment programs: 0

Project 150: Supporting Evidence-Based Behavioral Health Models in Arkansas

Funding amount: \$5,000,000.00 budgeted; \$0.00 obligated; \$0.00 expended.

Project Expenditure Category: 1.12, Mental Health Services

Project Overview: While Arkansas has made significant improvements to the public mental health system, gaps remain in access to care for some populations due to the complexity of their behavioral health needs. The lack of community-based, evidence-based practice has led to

(continued: Project 150: Supporting Evidence-Based Behavioral Health Models in Arkansas)

increased recidivism in the State's forensic system, resulting in individuals remaining in jail awaiting admission to an appropriate treatment setting. In addition, children and youth are cycling through psychiatric acute and residential settings with little time to establish sufficient supports in the community. This is causing additional strain on the Child Welfare and Juvenile Justice systems.

Therefore, this proposal seeks to use a portion of SLFRF funds to support the training and certification of teams employed by Behavioral Health Agencies (BHAs) in evidence-based models. Specifically, 1) the Assertive Community Treatment (ACT) Model for adults with the highest level of mental health needs; and 2) Intensive In-Home Support Model (IHHS) to serve a similar population of children and youth in Arkansas, who are involved with or at risk of involvement with the Child Welfare or Juvenile Justice System. Simultaneously, ADHS is working with a behavioral health task force comprised of legislators, healthcare policy leaders, behavioral health providers, PASSEs, and other stakeholders to identify and fill gaps in services, develop an appropriate rate structure for home and community-based models, and establish expectations regarding the population these teams will serve and services these teams will provide.

To provide appropriate and adequate training, ADHS will contract with procured vendors to allow Qualified BHAs to apply for and complete training in the ACT and IHHS models.

This training will allow Qualified BHAs to expand their treatment capabilities and serve more Arkansans who need 24 hour supports from a team of Behavioral Health Clinicians and Support Staff. We expect this Staff to provide the necessary intensive, team-based treatment to maintain individuals in home and community-based settings.

Use of Evidence: Assertive Community Treatment (ACT) is an evidence-based model which will be used for adults. There are several different entities that provide ACT training (i.e. Casewestern). \$3 million of these funds are budgeted for ACT. Intensive In-Home (IHHS) training will be provided by an agency called Family Centered Treatment Foundation. \$2 million of these funds are budgeted for IHHS.

Performance Report: The training services these funds will be utilized for have not begun yet so there is not a performance report yet.

Project 104: Arkansas Coalition Against Sexual Assault (ACASA)

Funding amount: \$6,290,619.00 budgeted; \$2,096,873.00 obligated; \$2,096,873.00 expended.

Project Expenditure Category: 1.14, Other Public Health Services

Project Overview: To be able to house victims of human trafficking (HT), provide awareness to the community, and to create a website that is user friendly to everyone, including individuals with disabilities.

<https://www.arkcasa.org/>

Use of Evidence: To work towards a future free of sexual violence by ensuring that everyone is treated with respect. No evidence-based evaluations were conducted for this project.

Performance Report: Four measurable goals with key performance indicators have been established for this project. First, increase the capacity of ACASA-accredited victim service programs [rape crisis centers] to provide services to individuals who have been trafficked by providing funding for full-time HT Program Coordinator/Advocates for 12 centers. There have

(continued: Project 104: Arkansas Coalition Against Sexual Assault)

been 12 full-time HT Program Coordinator/Advocates hired and that have received advocate certification training.

The second goal is to increase access to services and improve service quality to HT victims who have experienced barriers in obtaining services throughout the COVID-19 pandemic. This will be measured by the percentage of counties providing quality services to HT victims with ACASA-accredited victim service programs. The percentage of Arkansas counties receiving quality services to HT victims has increased from 11% to 100%. The other measure for the first goal is to provide oversight, training, and technical assistance to programs providing services to HT victims to ensure trauma-informed best practices for advocacy for victims. The result of this measure is evidenced by daily communications from the ACASA Anti-Human Trafficking Director with Anti-HT Specialists/Advocates; upcoming training that includes a four-hour workshop for specialists as well as a three-day intensive training on Forensic Experiential Trauma Interview methodology which will also significantly increase efficacy in providing services to victims and assisting law enforcement with reporting and investigation; and daily technical assistance provided through phone, email, and in-person contact. The technical assistance includes conversations with law enforcement regarding indicators of an exploiter/trafficker and finding resources and avenues of support for HT victims such as relocation and housing.

Increasing the capacity of ACASA-accredited victim service programs to provide community education and awareness for human trafficking using the public health model of primary prevention is the third goal of this project. As with the second goal, the percentage of Arkansas counties now providing community education and awareness has increased to 100% of counties. Another measure is providing oversight, curricula, training, and technical assistance to ensure trauma-informed best practices for education and awareness. The outcome of this measure is daily communication from the ACASA Anti-Human Trafficking Director with Anti-HT Specialists/Advocates; and a reporting spreadsheet designed to assist with planning and executing community engagement efforts as well as an extensive toolkit for specialists. The final measure used for this goal is a recorded log of information disseminated to the communities such as sign-in sheets from meetings, the number of brochures distributed, information distributed to businesses other than brochures, and names of businesses and managers contacted. The ACASA Anti-Human Trafficking Director reviews the documents during annual site visits.

The final goal is to increase the ability for victims to report and locate resources by providing website accessibility for multiple languages, hearing impairments, and visual disabilities for ACASA-accredited victim service programs. The measure of this goal is to establish 12 websites that provide these accessibility factors. The website, Recite-Me, is in progress with on-boarding due to new domains and email assignments. Approximately 8 of the 12 sites are operational at this time.

Expenditure Category 3: PH - NEI: Public Sector Capacity

Project 152-1: Arkansas Case Management System

Funding amount: \$17,500,000.00 budgeted; \$5,355,159.36 obligated; \$5,355,159.36 expended.

Project Expenditure Category: 3.4, Public Sector Capacity: Effective Service Delivery

(continued: Project 152-1 Arkansas Case Management System)

Project Overview: The Administrative Office of the Courts (AOC) will be working with multiple vendors to develop a new court management system. It is expected that funding may provide two or three years of staffing augmentation of specialized IT resources to make significant progress towards replacing our vendor-managed disparate systems. We are currently working on case management, identity management, and a public interface for court records. The project timeline in terms of ARPA funding is two years, but our agile development method allows for a continuous integration and continuous delivery (CI/CD) where smaller increments of product development are submitted into a pipeline that uses automation for testing and quality. Once we determine the Minimal Marketable Release, we will use the team's velocity to project when our first release to production and availability to users will occur.

Use of Evidence: The goals of the project are to replace our vendor-managed, disparate systems. We currently have several systems that need to be replaced: case management, jury management, electronic filing, online public access, attorney management, and online payment processing. No evidence-based evaluations were conducted for this project.

Performance Report: Our key performance indicator for the first minimum marketable release is to offer case management for traffic and criminal cases for district courts not currently using our current case management system. The system will allow users to register with multi-factor authentication, recover accounts, manage profile, merge users, administer other users and create a user dashboard. The user will be able to submit a filing, create a new case, manage the case, search for case and party, view case or party cases, and manage post-dispositions.

Project 144: Criminal Justice System COVID Backlog Reduction Plan

Funding amount: \$4,500,000.00 budgeted; \$1,102,646.73 obligated; \$1,102,646.73 expended.

Project Expenditure Category: 3.5, Public Sector Capacity: Administrative Needs

Project Overview: Funding from SLFRF will allow the Prosecuting Attorneys in the State of Arkansas to hire additional licensed attorneys as Deputy Prosecuting Attorneys in Judicial Districts that continue to have a backlog of cases attributed to COVID-19. The Office of the Prosecutor Coordinator has surveyed all elected Prosecuting Attorneys in all 28 Judicial Districts to identify the need for additional deputies due to increase case filings and the failure to dispose of cases through trial or plea negotiations. The new Deputy Prosecuting Attorneys will focus their time and attention to cases identified as COVID-19 caused backlog. The new positions will be assigned throughout the state as needed. Maintaining public safety is an important government function. These positions will be devoted to maintaining public safety by addressing backlog in the criminal justice system. It is our intent to take violent individuals off the streets and therefore make our jurisdictions safer for our citizens.

Use of Evidence: No established evidence-based evaluations were used for this project. However, program evaluation is incorporated into this plan by reviewing the disposition of cases from the COVID-19 backlog identification dates (March 1, 2020, through May 31, 2021) in addition to crimes committed after these dates. Twenty-two of our Twenty-eight Judicial Districts are utilizing these new positions to address backlog in District Court, Juvenile Courts (as needed), and Circuit Courts. Districts know the number of cases charged during this time and therefore are able to track case progress, investigations, charging, and disposition of these cases. Progress has been

(continued: Project 144: Criminal Justice System COVID Backlog Reduction Plan)

made in each judicial district employing these new positions. Though no specific evidence-based evaluations are available to evaluate this program, case management statistics about the disposition of these cases will build evidence to identify program success.

Performance Report: Participating jurisdictions will keep records, as they become available, regarding the disposition of cases in all courts within the jurisdictions which are utilizing these new positions. The specific number of cases moving to final disposition by trial or negotiated plea will serve as a measure of the program's success. Prosecuting Attorneys and Deputy Prosecuting Attorneys serve all victims in the State of Arkansas. All Judicial Districts utilizing these positions will, and are, benefiting from this reduction plan. In addition, all victims, regardless of race, ethnicity, gender, or income will benefit from the increase in case dispositions. The increase in dispositions will lead to the recovery of restitution for victims in appropriate cases as well as an increase in the collection of fines, fees, and costs for local governments.

Project 145: Covid Relief Indigent Defense

Funding amount: \$4,500,000.00 budgeted; \$1,413,374.05 obligated; \$1,413,374.05 expended.

Project Expenditure Category: 3.5, Public Sector Capacity: Administrative Needs

Project Overview: The Arkansas Public Defender Commission request for ARPA funds supports the acquisition of qualified attorneys to address the backlog of cases attributable to the COVID-19 pandemic. In person criminal proceedings were subject to Per Curiam Orders issued by the Arkansas Supreme Court beginning in March 2020 and continuing until entry of its final Order on June 10, 2022. From March 2020, and even earlier in some courts, appearances were limited to virtual means, and in some locations, court was not in session. Jury trials were delayed by the Per Curiam Orders, yet the number of criminal arrests continued, creating a substantial backlog of cases which were unable to be resolved. Discussions began amongst the parties critical to the operation of our criminal courts in early 2021 and included members of the Arkansas Legislature and Governor's Office. The need to acquire more attorneys to address the growing number of criminal cases was evident, and a plan developed to request financial assistance to hire attorneys to attempt resolution and/or finality of the cases delayed as a result of the pandemic. The cases needing immediate attention were identified as those filed between the dates of March 1, 2020, through May 31, 2021, paying particular attention to those defendants in custody. Allotment of positions is provided for each of the 28 Judicial Districts throughout the state and relocated as necessary when a vacancy occurs as well as demand. Maintaining public safety is an important government service as is the guarantee of an individual's Sixth Amendment right to legal counsel.

Use of Evidence: This project has several goals. First, it is imperative that a person charged with a criminal offense have access to legal counsel if determined to be indigent. A conservative estimate across the State of Arkansas is that 80-85% of all defendants charged with a criminal offense for which legal counsel is needed are determined to be indigent, thereby receiving court-appointed counsel. Existing cases, as well as those continuing to come in daily, impacted over-worked public defenders' ability to provide adequate legal advice to appointed clients.

Secondly, it is likewise important that public safety be maintained. This includes a resolution to resolve pending criminal cases in a timely manner. Statistically speaking, additional assistance in

(continued: Project 145: Covid Relief Indigent Defense)

the handling of criminal cases will result in expediting proceedings. This will result in reducing jail population and the financial impact it has on counties.

Thirdly, and most importantly, is justice, regardless of the outcome of the case. Justice cannot be acquired without an adversarial system, and this requires both a prosecutor and defense counsel. If defense counsel is unable to perform his/her duties due to the number of clients he/she has, thereby limiting his/her availability to provide crucial legal advice, then justice is either delayed or denied. No evidence-based evaluations were conducted for this project.

Performance Report: There are no differences in levels of access to appointment of counsel when an individual is determined to be indigent and without funds to hire legal counsel. The only difference which could possibly exist from one client to another is the nature of the crime for which he/she is charged and the possible punishment. Nevertheless, the level of zealous and ethical representation will remain the same despite the nature of the criminal charge.

Lack of education and the inability to speak the English language are impediments to some who seek appointed counsel, but they are not obstacles. Courts as well as public defender offices provide interpreters and assistance in completing the paperwork seeking the assistance of an attorney. However, timely improvement can be drastically made with the provision of additional funding for staff who can assist those with limitations who may be incarcerated, or who may possess a basic inability to comprehend the operation of the legal system.

Additional funding will assist in the provision of experts in the mental health field for those clients who need a mental health diagnosis. It will also assist communication between the client and a representative of the public defender office where the number of cases assigned to one attorney prevents immediate attention to a case. Communication between a client and his/her attorney is vital to either resolving a case or presenting a defense, and when that communication is delayed, the potential for a professional relationship deteriorates. It can also prevent the acquisition of evidence important to a client's defense due to destruction or unavailability such as a video recording.

Expenditure Category 5: Infrastructure

Project 146: Wastewater and Storm Water Related Projects

Funding amount: \$135,000,000.00 budgeted; \$12,946,738.75 obligated; \$6,256,127.89 expended.

Project Expenditure Category: 5.1, Clean Water: Centralized wastewater treatment

Project Overview: To provide grants to communities for wastewater treatment as well as collection and storm water related projects.

Use of Evidence: The 2014 Arkansas State Water Plan proposed that wastewater providers would need to spend an estimated \$3.76 billion over 10 years to build maintain and replace infrastructure. A needs survey conducted in 2021 revealed a need of \$1.9 billion from the wastewater providers surveyed. No evidence-based evaluations were conducted for this project.

Performance Report: The Arkansas Natural Resources Division opened an application period in September of 2022 and received 392 wastewater/stormwater related project applications totaling more than \$648 million in funding. Each project request was capped at \$5 million. In December 2022, the Arkansas Natural Resources Commission approved \$135,236,287 in funding to 52

(continued: Project 146: Wastewater and Storm Water Related Projects)

wastewater/stormwater projects across the state. Agreements for each project are in process of being executed for each awardee.

Project 147: White River Irrigation District Irrigation Project

Funding amount: \$5,000,000.00 budgeted; \$5,000,000.00 obligated; \$5,000,000.00 expended.

Project Expenditure Category: 5.8, Clean Water: Water conservation

Project Overview: Provide funding for the White River Irrigation District irrigation project.

Use of Evidence: An annual groundwater report conducted by the Arkansas Department of Agriculture's Natural Resources Division consistently identifies declines in groundwater in select parts of Arkansas. The White River Irrigation Project is designed to deliver surface water from the White River to supply local farms with irrigation water. This is necessary due to aquifer depletion in the area. No evidence-based evaluations were conducted for this project.

Performance Report: The project was presented to the Arkansas Natural Resources Commission for their approval and award of \$5 million in funding in December 2022. The Irrigation District will use the funds to construct 2 highway bridges over newly constructed irrigation canals that are part of the water distribution system. As canals are being constructed through existing roadways, bridges must be built to allow vehicle traffic over the canals. The bridges are being constructed in areas where bridges did not exist prior to canal construction and are a necessary component of the irrigation project. We have executed an agreement with the project sponsor. The project sponsor is working with engineers and the Arkansas Department of Transportation (ARDOT) to finalize designs for the two highway bridges and provide information required by ARDOT. The project is anticipated to go out for bid in Fall 2023 with construction beginning upon award of contract.

Project 148: Bayou Meto Water Management District Irrigation Project

Funding amount: \$5,000,000.00 budgeting; \$5,000,000.00 obligated; \$5,000,000.00 expended.

Project Expenditure Category: 5.8, Clean Water: Water conservation

Project Overview: Provide funding for the Bayou Meto Water Management District irrigation project.

Use of Evidence: An annual groundwater report conducted by the Arkansas Department of Agriculture's Natural Resources Division consistently identifies declines in groundwater in select parts of Arkansas. The Bayou Meto Irrigation Project is designed to deliver surface water from the Arkansas River to supply local farms with irrigation water. This is necessary due to aquifer depletion in the area. No evidence-based evaluations were conducted for this project.

Performance Report: The project was presented to the Arkansas Natural Resources Commission for their approval and award of \$5 million in funding in December 2022. The Irrigation District will use the funds to construct ten (10) pump stations to transport irrigation water.

We executed an agreement with the project sponsor. The project sponsor is working with and engineering firm and other federal partners on the design and placement of ten (10) pumping stations. Once designs are finalized, construction is anticipated to begin in Fall 2023.

Project 142: Drinking Water Related Projects

Funding amount: \$135,000,000.00 budgeted; \$134,673,713.00 obligated; \$0.00 expended.

Project Expenditure Category: 5.10-5.15 (Various Prospective Projects)

Project Overview: To provide grants to communities for drinking water related projects.

Use of Evidence: The 2014 Arkansas State Water Plan proposed that water providers would need to spend an estimated \$5.74 billion over 10 years to build, maintain, and replace infrastructure. A needs survey conducted in 2021 revealed a need of \$2.9 billion from the water providers surveyed. No evidence-based evaluations were conducted for this project.

Performance Report: The Arkansas Natural Resources Division opened an application period in September of 2022 and received 492 drinking water project applications totaling more than \$663 million in funding. Each project request was capped at \$5 million. In December 2022, the Arkansas Natural Resources Commission approved \$134,673,713 in funding to 105 drinking water projects across the state. Each awarded entity has been contacted and was invited to a training session. Agreements for each project are in the process of being executed for each awardee.

Project 98: State Broadband Grants

Funding amount: \$307,266,142.00 budgeted; \$255,918,076.88 obligated; \$219,698,813.01 expended.

Project Expenditure Category: 5.21, Broadband: Other projects

Project Overview: A public/private partnership to bring broadband infrastructure to communities that lack broadband service at a minimum speed of 100/20 Mbps. The goal is to get these communities to 100 Mbps symmetrical speeds.

Use of Evidence: Initially, we looked at FCC data and internet service provider maps and websites to discern areas of need. However, through our broadband consultant, the state completed rigorous research. The research involved over 200 meetings statewide, followed by over 18,000 community surveys to discern the areas in need of broadband infrastructure. The state also looked at digital evidence through the FCC and other internet service provider websites. No evidence-based evaluations were conducted for this project. Evidence-based evaluations are not applicable to this category of expenditure. Broadband grants are explicitly permitted within the final SLFRF rule, provided that the grant conforms to the technical requirements of the rule for eligible broadband projects.

Performance Report: We have awarded 86 grants for broadband infrastructure deployment. 65 projects are in progress; 3 projects were awarded and have not yet started; and 18 projects are complete. We anticipate over 130,000 Arkansans will have access to quality broadband when all projects are completed.

Project 129: Broadband Infrastructure

Funding amount: \$2,483,889.28 budgeted; \$2,082,143.93 obligated; \$2,082,143.93 expended.

Project Expenditure Category: 5.21, Broadband: Other projects

Project Overview: Arkansas State Parks and Welcome Centers need broadband connectivity for the safety and health of visitors and staff, including State Park Rangers. This connectivity will

(continued: Project 129: Broadband Infrastructure)

positively impact the communities in the areas surrounding the Arkansas State Parks and Welcome Centers. These broadband projects could expand access to connectivity into the surrounding communities including residences and public and private sector businesses. These surrounding areas currently have either no connectivity or very limited connectivity. These projects should be eligible for funding under the American Rescue Plan Act, as it is the only means by which very remote, small communities, those that could not be served by more market-based broadband approaches, could be served. Additionally, two locations are located in areas defined as Qualified Census Tract areas and this connectivity could serve communities disproportionately impacted by socioeconomic barriers.

The initial American Rescue Plan Act Broadband Infrastructure Improvement study was carried out in 2021 and prepared by Arkansas Department of Parks, Heritage, and Tourism Geographic Information Systems Team. The study was an analysis of different areas of broadband access opportunities surrounding selected Arkansas State Parks and Welcome Centers. The purpose of the study was to identify these areas and how the infrastructure would bring broadband into areas that would otherwise not be able to afford the installation of these services due to cost. The study was carried out with all supporting findings to proceed with these projects.

Broadband Access Status: Percent of the population in each project area with Unserved or Underserved Census blocks:

- Arkansas Post Museum State Park - 100.00%
- Bentonville Welcome Center - 1.56%
- Blytheville Welcome Center - 0.00%
- Camp Ouachita State Park - 44.29%
- Corning Welcome Center - 85.10%
- Cossatot River State Park-Natural Area - 100.00%
- Crowley's Ridge State Park - 18.03%
- Davidsonville Historic State Park - 19.71%
- Helena-West Helena Welcome Center - 29.64%
- Lake Catherine State Park - 44.07%
- Lake Charles State Park - 14.08%
- Lake Chicot State Park - 7.60%
- Lake Fort Smith State Park - 55.47%
- Lake Ouachita State Park - 12.04%
- Lake Poinsett State Park - 28.13%
- Lake Sylvia Recreation Area - 44.29%
- Lake Village Welcome Center - 12.83%
- Logoly State Park - 91.09%
- Mississippi River State Park - 51.74%
- Mount Magazine State Park (VIC/Lodge) - 68.31%
- Prairie Grove Battlefield State Park - 0.36%
- Red River Welcome Center - 88.37%
- Texarkana Welcome Center - 8.83%
- Village Creek State Park - 67.14%
- White Oak Lake State Park - 72.34%

(continued: Project 129: Broadband Infrastructure)

The "study area" is comprised of block-level Census data within two miles of the project location. Based on the location of such areas, broadband was installed at different timings based on the availability of materials and resources by each individual installer/service provider. The site locations are as follows along with the project order, installation, and completion dates.

Total number of locations: 27 (New Fiber Broadband)

State Park (SP)/ Welcome Center (WC)	County	Vendor	Ordered	Installed	Completed
Arkansas Post Museum	Desha	CenturyLink	12/27/21	05/12/22	05/19/22
Bentonville WC	Benton	Diamond State Networks	12/21/21	12/01/22	01/04/23
Blytheville WC	Mississippi	Diamond State Networks	12/21/21	01/20/23	01/26/23
Camp Ouachita SP	Perry	Windstream Arkansas	12/20/21	WIP	06/30/23*
Corning WC	Clay	Diamond State Networks	12/21/21	12/01/22	12/05/22
Cossatot SP	Howard	Diamond State Networks	12/27/21	WIP	06/30/23*
Crowley's Ridge SP	Greene	Diamond State Networks	12/27/21	WIP	06/30/23*
Davidsonville Historic SP	Randolph	Diamond State Networks	12/21/21	02/16/22	02/22/23
Helena-West Helena WC	Philips	Windstream Arkansas	12/27/21	12/20/22	12/20/22
Lake Catherine SP	Garland	AT&T	12/20/21	11/07/22	11/10/22
Lake Charles SP	Lawrence	Diamond State Networks	12/27/21	11/28/22	12/02/22
Lake Chicot SP	Chicot	Fleming	12/27/21	03/03/22	02/01/23
Lake Fort Smith SP	Crawford	CenturyLink	12/20/21	04/14/22	04/21/22
Lake Ouachita SP	Garland	H&H Excavation	12/20/21	03/03/22	04/06/22
Lake Poinsett SP	Poinsett	Diamond State Networks	12/21/21	12/01/22	12/05/22
Lake Sylvia SP	Perry	Windstream Arkansas	12/20/21	WIP	09/30/23*
Lake Village WC	Chicot	AT&T	11/10/21	04/06/22	04/15/22
Logoly SP	Columbia	AT&T	11/03/21	11/29/22	12/01/22
Mississippi River SP	Mississippi	Diamond State Networks	01/05/22	03/31/23	04/03/23
Mt. Magazine SP VIC	Logan	Diamond State Networks	12/20/21	10/26/22	12/01/22
Mt. Magazine SP Lodge	Logan	Diamond State Networks	12/20/21	10/20/22	11/30/22
Prairie Grove Battlefield Ctr	Washington	Cox	11/04/21	02/11/22	04/12/22
Red River WC	White	Diamond State Networks	12/27/21	04/14/23	04/17/23
Texarkana WC	Miller	Windstream Arkansas	12/27/21	WIP	06/30/23*
Village Creek SP	Cross	Diamond State Networks	12/21/21	10/18/22	10/20/22
White Oak Lake	Franklin	Diamond State Networks	12/27/21	03/31/23	04/05/23

*Target Completion Date

Use of Evidence: This project provides Arkansas State Parks and Welcome Centers with fiber broadband infrastructure. No evidence-based evaluations were conducted for this project.

Performance Report: With the expansion of high-speed fiber into each designated location, the construction has been placed in previously unserved and underserved areas that now can access the fiber option where previously these locations did not have this option. Vendors that are currently installing the infrastructure will now be able to offer services in these areas to local schools, hospitals, offices, residences, etc. The cost to implement such infrastructure would be

(continued: Project 129: Broadband Infrastructure)

cost-prohibitive, and without this project, these rural areas would not get this broadband option. So far, we have seen the benefit across our completed sites where these sites now have dedicated high-speed fiber that is fast and reliable. Previously, these sites ran old legacy copper that was unreliable, expensive, and slow. After completion, we are able to upgrade our systems across the facilities to offer our visitors high-speed internet, WIFI, and even better phone services (VOIP). Key Performance Indicators so far:

- Availability of fiber broadband in unserved/underserved areas
- Increased reliability/uptime over fiber broadband
- Increased bandwidth: Fiber-based internet connectivity - 100 MB
- Increased bandwidth with a reduction in operational expense
- Quality services provided to these areas
- Visitors are able to access free internet/WIFI at State Parks and Welcome Centers
- Migration from legacy/degraded copper services
- Improvement in telecom with VOIP over fiber

Expenditure Category 7: Administrative

Project 131: State Broadband Administration - CTEH

Funding amount: \$2,500,000.00 budgeted; \$1,950,000.00 obligated; \$966,304.77 expended.

Project Expenditure Category: 7.1, Administrative Expenses

Project Overview: CTEH is creating an online portal for broadband grant application submissions.

Use of Evidence: The goal of the portal is for easy access to project data and to streamline the application review process. CTEH will be responsible for reviewing the applications. No evidence-based evaluations were conducted for this project. Evidence-based evaluations are not applicable to this category of expenditure. Broadband grants are explicitly permitted within the final SLFRF rule, provided that the grant conforms to the technical requirements of the rule for eligible broadband projects.

Performance Report: The CTEH portal was published for public use in October 2022 to accept Arkansas Rural Connect Grant Program applications and also accept project footprint challenges. CTEH was able to analyze and score all submitted applications using portal data and electronically provide the winning bidders' applications to the State Broadband Director for review and approval. The CTEH portal also has the ability to provide tables, charts, and graphs using the application data submitted that the State Broadband Office can use with public reporting.

Project 135: State Broadband Administration

Funding amount: \$1,750,000.00 budgeted; \$1,736,203.45 obligated; \$1,206,625.14 expended.

Project Expenditure Category: 7.1, Administrative Expenses

Project Overview: A State Broadband Director and an administrative support specialist was hired. We also funded the UAMS Institution for Digital Health and Innovation (IDHI) for technical review and project monitoring.

(continued: Project 135: State Broadband Administration)

Use of Evidence: The goal with the State Broadband Director is to have a single point of contact when it comes to broadband issues in the state. The goal with the administrative support specialist is to have someone to administratively assist the broadband office. UAMS IDHI's responsibility is to technically review projects and monitor progress. No evidence-based evaluations were conducted for this project. Evidence-based evaluations are not applicable to this category of expenditure. Broadband grants are explicitly permitted within the final SLFRF rule, provided that the grant conforms to the technical requirements of the rule for eligible broadband projects.

Performance Report: The State Broadband Director has made a statewide impact since he began on August 1, 2022. He spends much of his time interacting with broadband stakeholders on a state and national level. The administrative support specialist is keeping the office and its documents organized. UAMS IDHI has technically reviewed hundreds of projects and has monitored 102 projects to their conclusion and continues to monitor the remaining 61 projects. We expect UAMS IDHI to also review the 22 new projects that were approved in December 2022 and February 2023.

Project 140: State Broadband Office Administrative Expenses

Funding amount: \$5,000,000.00 budgeted; \$156,591.58 obligated; \$156,591.58 expended.

Project Expenditure Category: 7.1, Administrative Expenses

Project Overview: The expenses under this project include the acquisition of Ookla software as well as the hiring of one Broadband Projects Manager, one Broadband Grants Program Manager, and one Broadband Deputy Director.

Use of Evidence: Ookla software is a collection of statewide speed-tests that will further assist our efforts in identifying unserved and underserved areas in Arkansas. No evidence-based evaluations were conducted for this project. Evidence-based evaluations are not applicable to this category of expenditure. Broadband grants are explicitly permitted within the final SLFRF rule, provided that the grant conforms to the technical requirements of the rule for eligible broadband projects.

Performance Report: Ookla speed test data is still available for research and use as the state conducts its planning efforts. The Broadband Office has also filled two new full-time positions, a Broadband Project Manager (hire date December 2022) and a Broadband Grants Program Manager (hire date May 2023).

Project 100: CTEH Contract

Funding amount: \$10,000,000.00 budgeted; \$3,229,807.04 obligated; \$3,229,807.04 expended.

Project Expenditure Category: 7.1, Administrative Expenses

Project Overview: Design and implementation of a portal to collect and report data on the COVID-19 pandemic expenditures. Also provide technical consulting as it relates to proposed uses of the ARPA Funding.

Use of Evidence: This project is an administrative expense. This contract is to assist with creating a portal to collect and report data for the COVID-19 expenditures. And to provide technical

(continued: Project 100: CTEH Contract)

consulting for proposed uses of APRA funding. No evidence based evaluations were conducted for this project.

Performance Report: This is an administrative expenses project; one measure of an output would be how functional the portal is working. The portal is working well, and no problems have been reported with the functionality. CTEH has done some minor additional development to aid in reporting SLFRF activity and uploading/adding individual data through the portal. They have been prompt in processing files to load data into the portal. CTEH has been responsive with analyses of proposals for ARPA projects. Their industry expertise has been very helpful in rejecting, approving, and prioritizing projects.

Project 152-2: Arkansas Case Management System – Admin

Funding amount: \$2,500,000.00 budgeted; \$22,027.57 obligated; \$22,027.57 expended.

Project Expenditure Category: 7.1, Administrative Expenses

Project Overview: Project 152-2 is the administrative supporting costs for the AOC project above (152-1). Funding will be utilized mainly for travel, shipping, and other costs related to supporting the goals of Project 152-1.

Use of Evidence: No evidence-based evaluations were conducted for this project.

Performance Report: Project 152-2 is the administrative supporting costs for the AOC project above (152-1). Performance is indicated by the effective function of Project 152-1 in achieving its goals without hinderance from administrative burden.

Projects Completed as of Fiscal Year 2023

Expenditure Category 1: Public Health (PH)

Project 149-1: Medical Benefit: Recipient Health Advantage and MedImpact

Funding amount: \$4,975,962.48 obligated; \$4,975,962.48 expended.

Project Expenditure Category: 1.1, COVID-19 Vaccination

Project Overview: Reimbursement for COVID Vaccination Expenses for the Arkansas State Employee and Public-School Employee Health Plans

Use of Evidence: No evidence-based evaluations were conducted for this project.

Performance Report: Health Plan Claims data for the period of March 3, 2021, to March 15, 2022, was analyzed by extracting and compiling all COVID related expenses specifically applicable to vaccine protection related to the COVID-19 pandemic. Health Advantage and MedImpact have processed and verified these healthcare claims within the constraints of the State of Arkansas approved internal controls related to benefit approval.

Project 149-2: Medical Benefit: Recipient Health Advantage

Funding amount: \$26,869,819.75 obligated; \$26,869,819.75 expended.

Project Expenditure Category: 1.2, COVID-19 Testing

Project Overview: Reimbursement for COVID Testing Expenses for the Arkansas State Employee and Public-School Employee Health Plans

Use of Evidence: No evidence-based evaluations were conducted for this project.

Performance Report: Health Plan Claims data for the period of March 3, 2021, to March 15, 2022, was analyzed by extracting and compiling all COVID related expenses specifically applicable to testing services related to the COVID-19 pandemic. Health Advantage has processed and verified these healthcare claims within the constraints of the State of Arkansas approved internal controls related to benefit approval.

Project 149-3: Medical Benefit: Recipient Health Advantage

Funding amount: \$20,856,092.00 obligated; \$20,856,092.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (including Alternative Care Facilities)

Project Overview: Reimbursement for COVID Medical Expenses for the Arkansas State Employee and Public-School Employee Health Plans

Use of Evidence: No evidence-based evaluations were conducted for this project.

Performance Report: Health Plan Claims data for the period of March 3, 2021, to March 15, 2022, was analyzed by extracting and compiling all COVID related expenses specifically applicable to antibody treatment and other medical care related to the COVID-19 pandemic. Health Advantage has processed and verified these healthcare claims within the constraints of the State of Arkansas approved internal controls related to benefit approval.

Expenditure Category 2: Negative Economic Impacts (NEI)

Project 151: Sevier County Medical Center Project

Funding amount: \$6,250,000.00 obligated; \$6,250,000.00 expended.

Project Expenditure Category: 2.21, Medical Facilities for Disproportionately Impacted Communities

Project Overview: Sevier County Medical Center (SCMC) applied for ARPA SLFRF funding in order to help equip and supply the new hospital that was built during the pandemic. Construction on the hospital began in 2019 and was completed in December 2022. The hospital opened on January 23, 2023, and has been providing much needed medical care to Sevier County and surrounding residents.

A link to our hospital website can be found here: <https://www.seviercountymedical.com/>

Use of Evidence: The primary goal of this project is to improve the overall health and well-being of an underserved population by providing funds to furnish, purchase or lease medical equipment for the newly constructed Sevier County Medical Center that will serve all, regardless of the ability to pay. By the end of project funding, SCMC will have the following:

- Imaging equipment to provide medical care for the community
- Telemetry, monitoring, hospital beds, stretchers, wheelchairs, and other supplies and furniture to provide medical care for the community
- Electronic medical records to ensure accuracy and continuity of patient care
- Respiratory, laboratory, pharmacy, physical, occupational therapy, speech pathology services for the community
- Any additional equipment and supplies to operate a critical access hospital providing 24/7/365 medical and behavioral care for the community

So far, SCMC has used \$5.35 million of the \$6.25 million to purchase imaging, telemetry, monitoring, furniture, EHR, respiratory, laboratory, pharmaceutical, and therapy equipment and supplies. We intend to use the remaining \$900k for equipment and supplies in the coming months as additional services become available to patients. No evidence-based evaluations were conducted for this project.

Performance Report: Through the end of June 2023 SCMC has seen over 4,730 patients, with three-quarter of those patients residing in Sevier County. Many patients are also coming from Polk County, AR; Little River County, AR; Howard County, AR; and McCurtain County, OK. The emergency department has served just over 2,540 patients, well over 2,000 imaging procedures have been performed, including MRI, CT, ultrasound, x-ray, and mammography. 110 patients have been admitted to the hospital for an inpatient stay since its opening, and another 122 have been admitted for observation care. Over half of the patients served by the hospital have been Medicare, Medicaid, or Self-pay patients. We have served all patients regardless of their ability to pay.

Projects Completed as of Fiscal Year 2022

Expenditure Category 1: Public Health (PH)

Project 102-A: Arkansas Alliance of Boys & Girls Clubs

Funding amount: \$103,500.00 obligated; \$103,500.00 expended.

Project Expenditure Category: 1.4, Prevention in Congregate Settings (Nursing Homes, Prisons/Jails/Dense Work)

Project Overview: The Boys and Girls Clubs provide services to the communities that were negatively impacted by COVID-19. This grant will help to ensure that the youth have a safe place to go for many activities such as behavioral support and academic services. To reduce pollutants in the air and limit the spread of COVID-19 and other viruses, Boys & Girls Clubs are assessing current HVAC systems in place to determine their efficiency. Where HVAC adjustments are not possible, Clubs are using portable air cleaners as a supplemental filtration strategy to mitigate the spread of viruses. In addition to improvements in HVAC, Club sites have also identified communal water fountains as a source potential spread of COVID-19 and other viruses. In 2021 the Centers for Disease Control and Prevention (CDC) called for the replacement of high-touch, communal fixtures, such as water fountains, to reduce the spread of COVID-19 in schools and early childhood education centers and Boys & Girls Clubs realize that they are an extension of those services, where mitigation and prevention of the spread of disease is key. Clubs are identifying the potential to replace communal water fountains with bottle filler stations including where applicable self-sanitizing bottle filler stations.

Use of Evidence: Organizations are putting strategies in place to ensure adequate ventilation and filtration in Club sites which is critical for providing healthy indoor air to students and staff. Each Club site is in a different phase of preparation, planning and execution of these evidence based projects, but are on a path to implement evidence-based interventions in this area. There was \$103,500.00 allocated to this evidence-based intervention.

The use of evidence for upgrading ventilation systems and communal water fountains to mitigate COVID-19 involves reviewing research studies and guidelines from reputable organizations, such as the CDC and the World Health Organization (WHO). Evidence suggests that proper ventilation can help reduce the spread of COVID-19 by improving air circulation and removing potentially contaminated particles from indoor spaces. Upgrading ventilation systems and using high-efficiency filters can help achieve this goal. As communal water fountains can also be a source of transmission for the virus, upgrading these systems with touchless options, bottle filler stations, or adding antimicrobial surface coatings can also help reduce the risk of spreading the virus.

Performance Report: Clubs review and update their mitigation strategies based on evolving evidence and best practices regularly. However, the frequency of these reviews may depend on factors such as the size and location of the organization, the level of risk in the community, and any changes in local or national guidelines related to COVID-19 and/or other virus outbreaks in the community. Clubs understand the importance of staying informed and educated about the latest developments and adjust their strategies accordingly to ensure the safety and well-being of their employees and members.

Clubs measure the outcome of upgrading ventilation systems or communal water fountains by monitoring their systems to ensure they are working properly. In addition, they will monitor key indicators such as the number of virus or COVID-19 cases, hospitalizations, and deaths among

(continued: Project 102-A: Arkansas Alliance of Boys & Girls Clubs)

employees and customers. If these numbers decrease after the upgrades are implemented, it may indicate that the measures are effective in reducing the spread of COVID-19 and other viruses. By taking a proactive and comprehensive approach to mitigating the spread of COVID-19, Clubs can help protect the health and well-being of their employees and customers while also contributing to broader public health efforts.

Individual Clubs/organizations may be at different stages of infrastructure upgrades due to a variety of factors, such as availability or sub-contractors or materials, prioritization of critical infrastructure needs, or logistical constraints. Clubs continue to seek support to implement effective mitigation strategies and achieve their objectives in a timely and efficient manner. By working collaboratively with their communities, Board of Directors, and other agencies, organizations receive the support and guidance they need to complete their infrastructure projects to complete their grant objectives.

According to data from the CDC and local health organizations such as the Arkansas Health Department, we have seen the decline in the spread of COVID-19 collectively across the state and within Club organizations.

Project 107: Alternative Care Facilities (Baptist Health)

Funding amount: \$36,656,000.00 obligated; \$36,656,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 124; ICU Beds: 33; Total Beds: 157

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 30%; ICU Beds Used (%): 94%

Project 108: Increased Bed Capacity (Unity Health)

Funding amount: \$15,205,000.00 obligated; \$15,205,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 34; ICU Beds: 9; Total Beds: 43

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 36%; ICU Beds Used (%): 29%

Project 109: Increase Hospital Capacity (Jefferson Regional Medical Center)

Funding amount: \$2,736,000.00 obligated; \$2,736,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: ICU Beds: 8; Total Beds: 8

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: ICU Beds Used (%): 41%

Project 110: Increase Hospital Capacity (St. Bernards Medical Center)

Funding amount: \$5,565,000.00 obligated; \$5,565,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: ICU Beds: 10; Total Beds: 10

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: ICU Beds Used (%): 43%

Project 111: Increase Hospital Capacity (CHI St. Vincent – Little Rock/Hot Springs)

Funding amount: \$12,420,000.00 obligated; \$12,420,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: LR ICU Beds: 24; HS ICU Beds: 12; Total ICU Beds: 36

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: ICU Beds Used (%): 52%

Project 112: Increase Hospital Capacity (Baptist Health Medical Center – Conway)

Funding amount: \$3,528,000.00 obligated; \$3,528,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 24; ICU Beds: 4; Total Beds: 28

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 54%; ICU Beds Used (%): 99%

Project 113: Increase Hospital Capacity (Baptist Health Medical Center – Van Buren)

Funding amount: \$1,386,000.00 obligated; \$1,386,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 35; Total Beds: 35

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 14%

Project 114: Increase Hospital Capacity (Conway Regional Medical Center)

Funding amount: \$7,650,000.00 obligated; \$7,650,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 15; ICU Beds: 19; Total Beds: 34

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 100% ICU Beds Used (%): 100%

Project 115: Increase Hospital Capacity (CHI St. Vincent – Hot Springs)

Funding amount: \$6,750,000.00 obligated; \$6,750,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Total Beds: 30

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 90%; ICU Beds Used (%): 90%

Project 116: Increase Hospital Capacity (CHI St. Vincent – Little Rock)

Funding amount: \$6,750,000.00 obligated; \$6,750,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Total Beds: 30

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 90%; ICU Beds Used (%): 90%

Project 117: Increase Hospital Capacity (Mercy Hospital Fort Smith)

Funding amount: \$3,600,000.00 obligated; \$3,600,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 16; Total Beds: 16

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 49%

Project 118: Increase Hospital Capacity (Mercy Hospital – Rogers)

Funding amount: \$2,086,112.00 obligated; \$2,086,112.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: ICU Beds: 18; Total Beds: 18

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: ICU Beds Used (%): 63%

Project 121: Increase Hospital Capacity (Washington Regional Medical Center)

Funding amount: \$1,440,000.00 obligated; \$1,440,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 8; Total Medical Beds: 8

Use of Evidence: No evidence based evaluations were conducted for this project.

(continued: Project 121: Increase Hospital Capacity [Washington Regional Medical Center])
Performance Report: Medical Beds Used (%): 100%

Project 122: Increase Hospital Capacity (Arkansas Children’s Hospital)

Funding amount: \$1,500,000.00 obligated; \$1,500,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 4; ICU Beds: 6; Total Beds: 10

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 93%; ICU Beds Used (%): 100%

Project 134: Increase Hospital Capacity (University of Arkansas - Medical Sciences)

Funding amount: \$4,747,500.00 obligated; \$4,747,500.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 20; ICU Beds: 7; Total Beds: 27

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 42%; ICU Beds Used (%): 74%

Project 137: Increase Hospital Capacity (Baptist Health Medical Center – Fort Smith)

Funding amount: \$3,024,000.00 obligated; \$3,024,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: To provide additional beds and personnel to treat admitted COVID-19 patients.

The total beds for this facility was: Medical Beds: 24; Total Beds: 24

Use of Evidence: No evidence based evaluations were conducted for this project.

Performance Report: Medical Beds Used (%): 65%

Project 123: Hospital Support

Funding amount: \$96,228,000.00 obligated; \$96,228,000.00 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: This project used a portion of SLFRF funds to address the staffing and bed shortages, lost revenue streams, and additional costs of providing COVID-19 treatment faced by Arkansas hospitals. Specifically, ADHS made an allotment of funds to each qualifying, non-rehabilitation hospital based on bed count for the purpose of retaining and recruiting much needed staff to treat COVID-19 patients and other patients in need of acute care. Due to severe staffing shortages caused by COVID-19, hospitals in Arkansas have been forced to shut down units of the hospital and shift staff to the most needed areas of the hospital. This creates bed shortages and treatment gaps for those most in need in Arkansas. Use of these funds allow hospitals to attract additional, needed staff to ensure all patients receive the care they need during the COVID-19 surges.

(continued: Project 123: Hospital Support)

Use of Evidence: This project will allow hospitals to attract additional, needed staff to ensure all patients receive the care they need during COVID-19 surges. The evidentiary basis of this program stems from evaluation and analysis of available hospital bed-space across the state. As facilities are adequately staffed, they should not close available bed-spaces and should maintain full and regular operations.

Performance Report: The participating facilities must submit documentation of expenses to attain and retain frontline healthcare workers consistent with the proposal and attest to specific restrictions on use of funds. Facilities have until June 30, 2023, to submit the remainder of documentation for their expenses related to staffing.

Project 124: COVIDComm

Funding amount: \$22,214,512.51 obligated; \$22,214,512.51 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: This project used a portion of the SLFRF funds to address the staffing and bed shortages, lost revenue streams, and additional costs of providing COVID-19 treatment faced by Arkansas hospitals. Specifically, ADHS made an allotment of funds to each qualifying hospital based on bed count for the purpose of retaining and recruiting much needed staff to treat COVID-19 patients and other patients in need of acute care. Due to severe staffing shortages caused by COVID-19, hospitals in Arkansas have been forced to shut down units of the hospital and shift staff to the most needed areas of the hospital. This creates bed shortages and treatment gaps for those most in need in Arkansas. Use of these funds will allow hospitals to attract additional, needed staff to ensure all patients receive the care they need during the COVID-19 surges. An add-on allotment can be received by hospitals to participate in a COVID-19 initiative designed to address the pandemic in Arkansas.

The Arkansas COVIDComm system was established during the 2020 winter surge to coordinate COVID-19 patient transfer in the state. Hospitals providing COVID-19 patient care can participate in the program by providing updated information on bed availability and receiving patient transfers as determined by COVIDComm protocol and the state's central staff. When hospitals are unable to care for a specific COVID-19-positive patient because of the patient's acuity level or the hospital's capacity, COVIDComm has proven to be an essential component to assure that available beds are more easily accessed by hospitals in order to get the patient to appropriate treatment as quickly as possible. The COVIDComm receiving hospital add-on incentivizes participation in this initiative and will increase availability of COVID-19 hospital beds.

Use of Evidence: The COVIDComm receiving hospital add-on incentivizes participation in this initiative and will increase availability of COVID-19 hospital beds. The evidentiary basis of this add-on program stems from evaluation and analysis of available hospital bed-space across the state. As facilities are adequately staffed, they should not close available bed-spaces and should maintain full and regular operations. Participation in the COVIDComm program should relieve strained resources in other facilities (from which clients transfer-out).

Performance Report: The participating facilities must submit documentation of expenses to attain and retain frontline healthcare workers consistent with the proposal; attest to specific restrictions on use of funds; and attest to participation in the Arkansas Department of Health's COVIDComm

(continued: Project 124: COVIDComm)

Receiving Hospital program. Initial attestations of participation in the COVIDComm program have been received from facilities and verified with the Arkansas Department of Health. Facilities have until June 30, 2023, to submit the remainder of documentation for their expenses related to staffing.

Project 125: Monoclonal Antibody (MAB) Add-On

Funding amount: \$9,627,055.91 obligated; \$9,627,055.91 expended.

Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: This project used a portion of the SLFRF funds to address the staffing and bed shortages, lost revenue streams, and additional costs of providing COVID-19 treatment faced by Arkansas hospitals. Specifically, ADHS will make an allotment of funds to each qualifying hospital based on bed count for the purpose of retaining and recruiting much needed staff to treat COVID-19 patients and other patients in need of acute care. Due to severe staffing shortages caused by COVID-19, hospitals in Arkansas have been forced to shut down units of the hospital and shift staff to the most needed areas of the hospital. This creates bed shortages and treatment gaps for those most in need in Arkansas. Use of these funds will allow hospitals to attract additional, needed staff to ensure all patients receive the care they need during the COVID-19 surges. An add-on allotment can be received by hospitals that participate in a COVID-19 initiative designed to address the pandemic in Arkansas. Specifically, the Monoclonal Antibody Administration add-on will incentivize participation in this initiative and will increase availability of needed treatment designed to keep individuals from needing advanced treatment or hospitalization. When administered early in the course of illness, monoclonal antibody treatments reduce the risk of severe disease and hospitalization, supporting patient health while helping conserve vital health care resources. The provision of these services can be complicated, requiring a dedicated outpatient space where COVID-19 positive patients can be safely treated with appropriate infection prevention in place, a dedicated source of supplies, sufficient personnel to meet expected demand, and emergency protocol defined for addressing potential infusion reactions or complications. Monoclonal antibody treatments are recommended as evidence-based therapies by the National Institutes of Health, and by reducing the risk of progression to severe disease, help to alleviate the demand for scarce inpatient space.

Use of Evidence: The Monoclonal Antibody Administration add-on will incentivize participation in this initiative and will increase availability of needed treatment designed to keep individuals from needing advanced treatment or hospitalization. The evidentiary basis of this add-on program stems from evaluation and analysis of available hospital bed-space across the state. In 2020 and 2021, the United States Food and Drug Administration issued multiple Emergency Use Authorizations for Monoclonal Antibodies to mitigate the spread and severity of COVID-19, including for patients at high-risk of hospitalization or death. As facilities are adequately staffed, they should not close available bed-spaces and should maintain full and regular operations. Additionally, participation in the administration of Monoclonal Antibodies should relieve strained resources across the state, by reducing admission-rates and lengths of inpatient stays.

Performance Report: The participating facilities must submit documentation of expenses to attain and retain frontline healthcare workers consistent with the proposal; attest to specific restrictions

(continued: Project 125: Monoclonal Antibody (MAB) Add-On)

on use of funds; and attest to administration of Monoclonal Antibodies during the relevant claiming period. Initial attestations to administration of Monoclonal Antibodies have been received from facilities and verified with the Arkansas Department of Health. Facilities have until June 30, 2023, to submit the remainder of documentation for their expenses related to staffing.

Project 126: Biohazard Medical Waste / COVID-19 Testing

Funding amount: \$3,359,909.81 obligated; \$3,359,909.81 expended.

Project Expenditure Category: 1.7, Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)

Project Overview: Arkansas skilled nursing facilities were incurring exorbitant unreimbursed expenses for biohazard medical waste disposal and frequent, repeated COVID-19 testing of staff and residents. ADHS created budget allocation groups using the number of licensed beds (e.g., under 50 beds, 51-100 beds, over 100 beds). The project requires facilities to provide documentation of unreimbursed incurred expenses for medical waste disposal and COVID-19 testing performed between March 3, 2021, through February 28, 2022.

Use of Evidence: Establish a fund to help cover skilled nursing facilities' extraordinary unreimbursed costs of biohazard medical waste disposal and COVID-19 testing of staff and residents incurred from March 3, 2021, through February 28, 2022. No evidence based evaluations were conducted for this project.

Performance Report: The participating facilities must attest to the costs incurred, submit documentation of expenses and complete cost reports for the period covered by the funds. Skilled nursing facilities were required to test all staff and residents at a high frequency throughout the pandemic, based on community positivity with the goal of identifying positive staff and residents early to prevent spread. Facilities were also required to use a high volume of PPE for residents that were positive, symptomatic or exposed. This waste had to be removed using biohazardous waste procedures, which created new and increased costs. An output measure of this project would be the number of COVID-19 tests administered to staff and residents.

Project 127: Increased Need for Staff

Funding amount: \$28,416,445.77 obligated; \$28,416,445.77 expended.

Project Expenditure Category: 1.7, Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)

Project Overview: To meet complex, frequently changing COVID-19 specific requirements from CDC and CMS, skilled nursing facilities had to add staff – registered nurses, certified nurse aides, screeners, and other professionals. The objective is to provide each skilled nursing facility one-time funds to aid with the staffing requirements during the Public Health Emergency (PHE).

Use of Evidence: The project provides each skilled nursing facility \$2,000 per occupied licensed bed to aid with the nurse and CNA labor shortage, cost of increased salaries and wages, and the extra staffing needed to meet CDC and CMS pandemic guidelines. No evidence based evaluations were conducted for this project.

(continued: Project 127: Increased Need for Staff)

Performance Report: The participating facilities must attest to the costs incurred and complete Cost Reports for the period covered by the funds. Nursing facilities had to add staff in a quick and ongoing manner. This included all levels of clinical and administrative staff. Facilities had to staff COVID-19 units and the rest of the facility separately, and staff members that were unable to work temporarily had to have replacement staff to provide continuous care to residents. An output measure of this project would be the number of staff hired and retained by the nursing facilities.

Project 102-B: Arkansas Alliance of Boys & Girls Clubs

Funding amount: \$1,095,000.00 obligated; \$1,095,000.00 expended.

Project Expenditure Category: 1.12, Mental Health Services

Project Overview: The Boys and Girls Clubs provide services to the communities that were negatively impacted by COVID-19. This grant will help to ensure that the youth have a safe place to go for many activities such as, behavioral support and academic services. This project provides services to help with mental health issues that have increased since COVID-19 began.

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Use of Evidence: Clubs are providing mental health first aid training for Club staff so they can provide initial support for kids who may be developing a mental health or substance use problem and help connect them to the appropriate care. Clubs may utilize a program called “Positive Action” which is a widely recognized evidence-based model recognized by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-Based Programs and Practices and the US Department of Justice/ Office of Juvenile Justice and Delinquency Prevention (OJJDP). A series of validated studies have shown Positive Action to enhance social-emotional, mental and physical, and academic outcomes. Clubs that already run Positive Action may seek additional evidence-based programming to support their mental health programming. Clubs may seek to hire a full-or part-time social emotional or behavioral specialist to work with individual Club kids on their personal situations and help identify needs and opportunities to get appropriate support for removing barriers that help ensure improved social-emotional outcomes. Each Club site is in a different phase of preparation, planning and execution of these evidence based projects, but are on a path to implement evidence-based interventions in this area. There was \$1,095,000.00 allocated to this evidence-based intervention.

Performance Report: The Alliance will track the Club’s completion of the trauma-informed Club diagnostic tool. At this time, 87% of Clubs participating in ARPA funded projects have taken part in the Trauma-Informed Diagnostic tool. This tool helps Clubs determine where their Club is at on their trauma-informed journeys. Clubs will track youth participation in the social/emotional programs and evaluate the progress of the evidence-based program evaluation tools which may include survey data (parents and youth); individual evaluation of mental-health improvement in youth (improved participation in additional Club programming); involvement, etc. As of June 2023, these projects are still developing or are undergoing execution. Outcomes will be reported at the close of each project. Currently, 6,089 youth are being served through the ongoing projects; 3,836 males and 2,253 females. Number of trainings for staff members will be recorded and tracked in addition to programmatic sessions. All Clubs are required to have a membership data system in place. Programmatic data is tracked via membership systems or via hard copy.

Project 102-C: Arkansas Alliance of Boys & Girls Clubs

Funding amount: \$1,095,000.00 obligated; \$1,095,000.00 expended.

Project Expenditure Category: 1.12, Mental Health Services

Project Overview: The Boys and Girls Clubs provide services to the communities that were negatively impacted by COVID-19. This grant will help to ensure that the youth have a safe place to go for many activities such as, behavioral support and academic services. Boys & Girls Clubs understand that a colonized or infected youth, staff, volunteer, or visitor can contaminate environmental surfaces. Microorganisms from these contaminated environmental surfaces and equipment can be transferred to a susceptible patient in two ways: 1) if the youth/staff/or other makes contact with the contaminated surfaces directly (e.g., touches them); or 2) staff members, volunteers, youth members, or visitors contacts the contaminated surfaces and then transfers the microorganisms to the additional participants.

<https://www.bgcofca.com/>

Use of Evidence: Proper hand hygiene and environmental cleaning can prevent transfer of microorganisms to healthcare personnel, caretakers, visitors, and susceptible patients. Evidence is increasing but remains limited. Consequently, the use of multiple interventions as well as an overall multi-modal approach to COVID-19 preventative cleaning and screening have been implemented, for both the outbreak and routine setting. This includes the purchase of PPE, cleaning products that mitigate COVID-19, and the implementation of CDC recommended COVID-19 prevention methods through cleaning and screening. No evidence-based interventions have been utilized.

Performance Report: Clubs are able to track the outcomes of COVID-19 screening and cleaning through evaluating the efficacy of their procedures and products. Clubs will report on the overall improvements of the mitigation of disease spread through these interventions. Additionally, Clubs are asked to stay informed on the most up-to-date evidence-informed cleaning and screening procedures. As a result of current efforts, 9,155 youth have been served through efforts of these projects. Although grant funds may have been expended, this project is still ongoing and outcomes will be reported at the completion of this project.

Expenditure Category 2: Negative Economic Impacts (NEI)

Project 102-D: Arkansas Alliance of Boys & Girls Clubs

Funding amount: \$1,985,000.00 obligated; \$1,985,000.00 expended.

Project Expenditure Category: 2.10, Assistance to Unemployed or Underemployed Workers (e.g., job training, subsidized employment, employment supports or incentives).

Project Overview: The Boys and Girls Clubs provide services to the communities that were negatively impacted by COVID-19. This grant will help to ensure that the youth have a safe place to go for many activities such as, behavioral support and academic services. Funds will be utilized for programs to prepare students for entering the workforce as productive, caring, and responsible citizens as well as for the staff to teach them about those careers.

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(continued: Project 102-D: Arkansas Alliance of Boys & Girls Clubs)

Use of Evidence: Roadmap to Careers is a digital product by Boys & Girls Clubs of America that helps young people explore careers that are relevant to their unique interests, then empowers them to start taking steps to those careers. The Boys & Girls Clubs of America (BGCA) evidence informed approach to work readiness begins preparing young people from the age of six years old to develop essential knowledge, skills and learning experiences they need to succeed in life and work. TRANSFR Virtual Reality technology and services provide programming for youth to enhance career preparation by using technology based simulations of real jobs in actual industries. Youth will use hands-on, cutting-edge reality technology to explore occupations that interest them, help guide their high school academic coursework, advise their pastimes, and help prepare them for first job opportunities in Arkansas that support career pathways and support Arkansas employers' needs. Individual Clubs may choose Club teens through a partnership with the National Retail Federation and support of BGCA. Each Club site is in a different phase of preparation, planning and execution of these evidence based projects, but are on a path to implement evidence-informed interventions in this area. There was \$1,930,800.00 allocated to this evidence based intervention.

Performance Report: Reviewing the modules that the student was able to pick from to participate in by using the TRANSFR VR simulation system. Career exploration and skills training through TRANSFR give every user the opportunity to discover their own pathway to prosperity. Modules crafted under the direction of industry experts plus one-on-one feedback from digital trainers augment the efforts of human instructors and career counselors for an unbeatable combination. Clubs are able to track member participation in programming and evaluate improved knowledge and interest in career preparation. TRANSFR VR tracks programmatic participation, performance, and goals youth participation to report on. Club youth participants are asked to complete a minimum of 10 career exploration experiences. Programmatic data from TRANSFR is collected and housed digitally through the technology to be evaluated. TRANSFR is not currently an evidence-based intervention but is undergoing several studies to become an evidence-based intervention method, including several case studies through different accreditation agencies such as the National Center for Construction Education and Research (NCCER). Although grant funds may have been expended, this project is still ongoing through December 2023. Programmatic data outcomes will be reported at the completion of each project. Currently, the data we can provide shows the following:

- Number of workers enrolled in sectoral job training programs: 472
- Number of workers completing sectoral job training programs: 85
- Number of people participating in summer youth employment programs: 123
- Number of Male Youth participating in Workforce Programming: 786
- Number of Female Youth participating in Workforce programming: 625
- Number of Virtual Reality Career Exploration Sessions to Date: 11,633

Project 102-E: Arkansas Alliance of Boys & Girls Clubs

Funding amount: \$1,985,000.00 obligated; \$1,985,000.00 expended.

Project Expenditure Category: 2.25, Addressing Educational Disparities: Academic, Social, and Emotional Services

(continued: Project 102-E: Arkansas Alliance of Boys & Girls Clubs)

Project Overview: The Boys & Girls Clubs' academic intervention will utilize Project Learn, a moderate evidence-based strategy supporting learning in Clubs.

Use of Evidence: Youth served by Boys & Girls Clubs have been disproportionately impacted by an uneven access to the classroom and to technology, disruptions to home life, exposure to economic stress, isolation, and food instability that have all combined to create a toll of unrealized learning, reinforced fears and anxieties that have set back the futures of thousands of children and youth in Arkansas. These are the kids that are most likely to be served by Boys & Girls Clubs and who benefit from mentors and programs that ensure kids have a safe place to go after school and during the summer, benefitting both the youth who attend and the families who can return to work without worry for their kids.

Project Learn is a holistic strategy supporting youth-centered learning in Clubs.

(<https://www.youtube.com/watch?v=vfSf69Q3TU0>) Project Learn is intended to complement and reinforce what youth learn during the school day, while creating experiences that invite them to fall in love with learning. Rooted in social-emotional development practices, programs in this area enable all youth to be effective, engaged, adaptive learners who are on track to graduate with a plan for the future. As an informal learning space, Clubs have an opportunity to offer both remediation and enrichment, all while inviting youth to discover and pursue passions that connect to future opportunities. Project Learn includes experiential learning, so that youth learn actively, through a "hands-on and mind-on" approach.

Project Learn was rigorously evaluated in the late '90s and the study found positive outcomes; the study was published in a peer-reviewed journal; and the program is listed on the National Institute of Justice's programs and practices registry with a promising rating. Extensively field-tested and formally evaluated by Columbia University with funding from Carnegie Corporation of New York, Project Learn has been proven to boost the academic performance of Club members. Alternatively, Clubs may utilize a Digital Learning Platform for education intervention to support an enhance school day learning.

Performance Report: Clubs will track the following: number of youth served by programs; race/ethnicity of Club members; and socio-economic measures of children and families served. Clubs will maximize efficient delivery of services through collaborations with community partners that supplement services for kids, including food services, social services, mental health programs, juvenile justice programs, recreation programs, and schools and community colleges. Through the use of SLFRF Funding, Clubs are administering Project Learn, a moderate evidence based intervention method and/or utilizing a digital learning platform to support an enhance academic outcomes in youth post-pandemic. Digital Learning Platforms are not an evidence-based model; however, they are chosen in partnership with the local lead education agency to help meet the unique needs of students in each community. Clubs remain in a developing or ongoing stage of the project and will be able to report measurement outcomes at the completion of the project through December 2024.

Project 102-F: Arkansas Alliance of Boys & Girls Clubs

Funding amount: \$585,000.00 obligated; \$585,000.00 expended

Project Expenditure Category: 2.37, Economic Impact Assistance: Other

(continued: Project 102-F: Arkansas Alliance of Boys & Girls Clubs)

Project Overview: The Boys and Girls Clubs provide services to the communities that were negatively impacted by COVID-19. This grant will help to ensure that the youth have a safe place to go for many activities such as, behavioral support and academic services. The funds for this project will be used to provide snacks for the healthy habit eating program and for equipment to prepare the snacks.

<https://www.bgcofca.com/>

Use of Evidence: Children need nutrition so they can grow, develop, and focus on learning instead of thinking about where their next meal will come from. Clubs seek support to address costs for: food, weekend backpacks, nutrition instruction, supplies and transporting food to communities where kids' needs are high. Based on additional research program qualifies at a different level of evidence-based interventions: 1) Backpack Programs – Promising; 2) Out of School Time/After School Snacks & Nutrition – Promising; and 3) Nutrition Instruction – Promising.

Each Club site is in a different phase of preparation, planning, and execution of these evidence based projects, but are on a path to implement these evidence-informed interventions in this area, as well as non-evidence based interventions that are effective to address need. There was \$500,400.00 allocated to the evidence-based intervention.

Performance Report: Clubs will track the number of meals and snacks provided, as well as the number of youth impacted by the food and nutrition programs via their tracking systems or hard copy reporting. In addition, all Clubs have access to peer-to-peer support to share effective strategies via monthly CEO calls, statewide training, and national support to promote the positive outcomes of the grant programs. Although grant funds may have been expended, this project is still ongoing and outcomes will be reported at the completion of this project.

Expenditure Category 6: Revenue Replacement

Project 128: Unreimbursed Fixed Property Cost

Funding amount: \$40,524,540.71 obligated; \$40,524,540.71 expended.

Project Expenditure Category: 6.1, Provision of Government Services

Project Overview: The calculation process to determine the Medicaid share of reasonable, allowable property costs includes two anachronistic caps (80% minimum occupancy and inaccurate underinflated per bed value) which automatically cut Medicaid rates and increased skilled nursing facility unreimbursed costs during the pandemic. The objective is to provide each facility one-time funds to alleviate the effects of the caps during the Public Health Emergency (PHE).

Use of Evidence: The project provides each skilled nursing facility one-time funding equivalent to 18-months of the Medicaid rate cuts due to total occupancy under 80% and a portion of the per bed value-associated cuts. No evidence based evaluations were conducted for this project.

Performance Report: The participating facilities must attest to the costs incurred and complete cost reports for the period covered by the funds. The majority of rooms in skilled nursing facilities in Arkansas are licensed as semi-private rooms and have operated as such for decades. During the pandemic, federal guidelines required facilities to isolate residents in single rooms when they were exposed, symptomatic or tested positive for COVID-19. All new residents were also isolated

(continued: Project 128: Unreimbursed Fixed Property Cost)

in private rooms. These regulations dramatically increased unreimbursed costs and without these funds, a number of facilities likely would have closed. An outcome measure for this project would be that skilled nursing facilities remain open and continue to provide services through the pandemic.

Expenditure Category 7: Administrative

Project 99: State Broadband Masterplan

Funding amount: \$2,224,915.50 obligated; \$2,224,915.50 expended.

Project Expenditure Category: 7.1, Administrative Expenses

Project Overview: The state hired the Broadband Development Group (BDG) to produce a statewide master broadband plan, to survey the state, and conduct research to locate unserved and underserved locations in Arkansas to implement an updated and revised broadband grant program.

Use of Evidence: Initially, we looked at FCC data and internet service provider maps and websites to discern areas of need. However, through our broadband consultant, the state completed rigorous research. The research involved over 200 meetings statewide, followed by over 18,000 community surveys to discern the areas in need of broadband infrastructure. The state also looked at digital evidence through the FCC and other internet service provider websites. No evidence-based evaluations were conducted for this project. Evidence-based evaluations are not applicable to this category of expenditure. Broadband grants are explicitly permitted within the final SLFRF rule, provided that the grant conforms to the technical requirements of the rule for eligible broadband projects.

Performance Report: The BDG plan was utilized to develop project areas for the Arkansas Rural Connect Grant Program funding round that was administered in October 2022. From that grant round, the State Broadband Office was able to fund 22 projects that will begin construction in 3Q 2023. The office is continuing to update broadband availability data using the FCC's Broadband Map and the BDG data in order to develop a new, location-based (instead of census block-based) state broadband map.