State of Arkansas

Recovery Plan

State and Local Fiscal Recovery Funds

2022 Report

State of Arkansas

2022 Recovery Plan

Table of Contents

General Overview....3

Executive Summary....3

Uses of Funds....3

Promoting Equitable Outcomes....4

Community Engagement....4

Labor Practices....4

Use of Evidence....5

Performance Report....5

Project Inventory....6

Project 98: State Broadband Grants....6

Project 131: State Broadband Administration - CTEH....6

Project 135: State Broadband Administration....6

Project 99: State Broadband Masterplan....7

Project 140: State Broadband Office Administration Expenses....7

Project 100: CTEH Contract....8

Project 102-A: Arkansas Alliance of Boys & Girls Clubs....8

Project 102-B: Arkansas Alliance of Boys & Girls Clubs....9

Project 102-C: Arkansas Alliance of Boys & Girls Clubs....9

Project 102-D: Arkansas Alliance of Boys & Girls Clubs....10

Project 102-F: Arkansas Alliance of Boys & Girls Clubs....11

Project 103: Women and Children First....12

Project 104: Arkansas Coalition Against Sexual Assault....12

Project 105: Arkansas Coalition Against Domestic Violence....12

Project 106: Ozark Rape Crisis Center....14

Project 107: Alternative Care Facilities (Baptist Health)....14

Project 108: Increased Bed Capacity (Unity Health)....14

Project 109: Increase Hospital Capacity –
Jefferson Regional Medical Center....15

Project 110: Increase Hospital Capacity –
St. Bernards Medical Center 15
Project 111: Increase Hospital Capacity –
CHI St. Vincent – Little Rock/Hot Springs 15
Project 112: Increase Hospital Capacity –
Baptist Health Medical Center – Conway 15
Project 113: Increase Hospital Capacity –
Baptist Health Medical Center – Van Buren 15
Project 137: Increase Hospital Capacity –
Baptist Health Medical Center – Fort Smith 16
Project 114: Increase Hospital Capacity –
Conway Regional Medical Center 16
Project 115: Increase Hospital Capacity –
CHI St. Vincent – Hot Springs 16
Project 116: Increase Hospital Capacity –
CHI St. Vincent – Little Rock 16
Project 117: Increase Hospital Capacity –
Mercy Hospital Fort Smith 17
Project 118: Increase Hospital Capacity –
Mercy Hospital – Rogers 17
Project 121: Increase Hospital Capacity –
Washington Regional Medical Center 17
Project 122: Increase Hospital Capacity –
Arkansas Children's Hospital 17
Project 134: Increase Hospital Capacity –
University of Arkansas – Medical Sciences 18
Project 123: Hospital Support 18
Project 124: COVID Comm 18
Project 125: Monoclonal Antibody (MAB) Add-On 19
Project 126: Biohazard Medical Waste/COVID-19 Testing 20
Project 127: Increased Need for Staff 21
Project 128: Unreimbursed Fixed Property Cost 21
Project 129: Broadband Infrastructure 22

GENERAL OVERVIEW

Executive Summary

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 is 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 twelve (12) times between July 1, 2021, and June 30, 2022, and awarded funds for broadband infrastructure projects; 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. In addition to these previously considered projects, the Steering Committee also approved funding for increased hospital bed capacity and support for nonprofits providing services against domestic violence and sexual assault.

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 has been created for applicants to submit proposals:

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

Uses of Funds

State and Local Fiscal Recovery Funds (SLFRF) have been used 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.
- 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 has received several proposals to address the needs of the disproportionately impacted communities.
- 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 submitted for further review by the Steering Committee.

Promoting Equitable Outcomes

Projects are designed to serve areas that are underserved by closing gaps in existing service – such as depressed 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.

Community Engagement

The Steering Committee website provides information for the public regarding the committee's activity, access to meeting minutes, and proposals under consideration. In addition, a dedicated email address has been created and is monitored daily where the public can submit questions, ideas, and suggestions as well as project proposals.

Labor Practices

Workforce practices on infrastructure projects and capital expenditures included vetting contractors to ensure that local companies that support the local community and workforce as well as quality of service. 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.

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 is 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 ensures that the approved projects are 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.

PROJECT INVENTORY

Project 98: State Broadband Grants
Funding amount: $182,500,000.00 obligated; $182,500,000.00 expended
Project Expenditure Category: 5.21, Broadband: Other Projects
Project Overview: A public/private partnership to bring broadband infrastructures to communities that lack broadband service at a minimum speed of 100/20Mbps. The goal is to get these communities to 100Mbps 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 we have done rigorous search of Arkansas looking for the underserved areas. The search involved over 200 meetings statewide followed by over 18,000 community surveys to discern the areas in need of a broadband infrastructure. We also looked at the digital evidence with 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 163 communities grants for broadband infrastructure deployment. All but 79 have completed their projects. The 79 are newly awarded and well on their way to completing their projects. We anticipate over 250,000 Arkansans will have access to quality broadband when all projects are completed.

Project 131: State Broadband Administration - CTEH
Funding amount: $1,950,000.00 obligated; $366,683.28 expended
Project Expenditure Category: 7.1, Administrative Expenses
Project Overview: CTEH is creating a 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 portal is set to open mid or late September. We expect that all applicants will be able to submit their applications and monitor the progress of the application.

Project 135: State Broadband Administration
Funding amount: $1,305,530.72 obligated; $310,720.57 expended
Project Expenditure Category: 7.1, Administrative Expenses
Project Overview: We hired a State Broadband Director and an administrative support specialist. We also funded CTEH (see above) and UAMS IDHI for technical review and project monitoring.
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

(continued: Project 135: State Broadband Administration)
is to have someone to administratively assist the broadband office. CTEH (see above). UAMS IDHI goal 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 was hired August 1, 2022, and is off to a wonderful start. The administrative support specialist is keeping the office and its documents organized. CTEH - see above. UAMS IDHI have technically reviewed hundreds of projects and has monitored 84 projects to their conclusion and continues to monitor the remaining 79 projects.

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: We hired BDG to survey Arkansas to find the underserved communities in Arkansas and to create a plan for Arkansas to cover the underserved areas in Arkansas.
Use of Evidence: Through our broadband consultant we have done rigorous search of Arkansas looking for the underserved areas. The search involved over 200 meetings statewide followed by over 18,000 community surveys to discern the areas in need of a broadband infrastructure. We also looked at the digital evidence with 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 a plan that will cover the 110,000 underserved homes in Arkansas. We will use a rubric to evaluate new projects and now have a map highlighting the need areas for Arkansas.

Project 140: State Broadband Office Administrative Expenses
Funding amount: $5,000,000.00 obligated; $5,000,000.00 expended
Project Expenditure Category: 7.1, Administrative Expenses
Project Overview: Our Administrative expenses are highlighted above with the exception of Ookla software. We also have 2 broadband Deputy Director positions we are seeking to fill.
Use of Evidence: Ookla software is a collection of speed-tests statewide that will further assist our efforts in identifying the 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: We have just purchased this software, and anticipate it revealing every underserved area in Arkansas. We will start using this data approximately around August 18, 2022.

Project 100: CTEH Contract
Funding amount: $1,455,870.38 obligated; $1,455,870.38
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 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.

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 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.
https://www.bgcofca.com/
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.
Performance Report: To ensure the safety of the individuals at the facility is the main function. The measure of this outcome would be to monitor the new ventilation structure and ensure that it is working properly.

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.
https://www.bgcofca.com/
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 SAMHSA's 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. 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 (parent and youth), individual evaluation of mental-health improvement in youth (improved participation in additional Club programming, involvement, etc. 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: $1,930,800.00 obligated; $1,930,800.00 expended
Project Expenditure Category: 1.14, Other Public 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

(continued: Project 102-C: Arkansas Alliance of Boys & Girls Clubs)
equipment can be transferred to a susceptible patient in two ways:
• If the youth/staff/or other makes contact with the contaminated surfaces directly (e.g., touches them).
• 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, and visitors and to 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. 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.
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.

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.
https://www.bgcofca.com/
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

(continued: Project 102-D: Arkansas Alliance of Boys & Girls Clubs)
prepare them for first job opportunities in Arkansas that support career pathways and support Arkansas employers' needs. Individual Clubs may choose to 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 were 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.
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

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

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
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 evidence-informed interventions in this area. There was $500,400.00 allocated to this evidence based intervention.
Performance Report: Clubs will track the number of meals and snacks provided, as well as the

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

Project 103: Women and Children First
Funding amount: $1,754,107.00 obligated; $0.00 expended
Project Expenditure Category: 1.11, Community Violence Interventions

Project Overview: The Women and Children First Center Against Family Violence will help with child abuse services, behavioral health, career services and legal services. www.wcfarkansas.org
Use of Evidence: To provide a safe place for victims to go. Women and Children First is assessing 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. Measures will be established once an evidence-based intervention is selected.
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 104: Arkansas Coalition Against Sexual Assault
Funding amount: $1,048,436.50 obligated; $1,048,436.50 expended
Project Expenditure Category: 1.14, Other Public Health Services

Project Overview: To be able to house victims of human trafficking, provide awareness to the community. And to create a website that is friendly user to everyone, including individuals' 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: Measure: Increase the percentage of Arkansas counties providing community education and awareness for human trafficking to 65% by implementing ACASA accredited victim service programs and by providing training and conferences.

Project 105: Arkansas Coalition Against Domestic Violence (ACADV)
Funding amount: $690,000.00 obligated; $690,000.00 expended
Project Expenditure Category: 1.11, Community Violence Interventions

Project Overview: Increase training for domestic violence shelters to receive critical resources and technical assistance, promote victim centered responses and other mental health assistance.
https://www.domesticpeace.com/

(continued: Project 105: Arkansas Coalition Against Domestic Violence (ACADV))
Use of Evidence: A preliminary evidence-based intervention will be used. 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.
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.

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.

Performance Report: This funding is assisting those who are disproportionately affected by the COVID-19 pandemic due to their victimization. Their stay in shelter is necessary to prevent homicide, and access to shelter has been greatly impacted by COVID-19. ACADV will utilize quarterly service reports to track actual services provided in Arkansas. Those numbers will not be available until the close of the next quarter, as their grant year began July 1. The numbers submitted thus far by ACADV are in relation to infrastructure setup to administer the subgrants.
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 106: Ozark Rape Crisis Center
Funding amount: $374,896.00 obligated; $62,483.00 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.
https://www.ozarkrapecrisiscenter.org/
Use of Evidence: Funds will also be used for the staff that will provide transportation. 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 through a client satisfaction survey process. There was $374,896 allocated to the evidence based intervention.
Performance Report: Both process evaluation and outcome evaluation metrics can then be cross-referenced with a variety of socio-economic and demographic data to assess quality and effectiveness of community engagement/prevention and direct victim services. Pre/post tests for each series of multi-session prevention programs are maintained in house and available for viewing, however ORCC bases our evaluation of these success of the intervention based on the extent knowledge was increased and attitudes and beliefs were changed to understand the severity of violence.
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 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)

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

(continued: Project 116: Increase Hospital Capacity – CHI St. Vincent – Little Rock)
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.
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 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 the American Rescue Plan Act of 2021's (ARPA) State and Local Fiscal Recovery Funds (SLFRF) to address the staffing and bed shortages, lost revenue streams, and additional costs of providing COVID-19 treatment faced by Arkansas hospitals. Specifically, the Department of Human Services (DHS) 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.
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: COVID Comm
Funding amount: $22,214,512.51 obligated; $22,214,512.51
Project Expenditure Category: 1.6, Medical Expenses (Including Alternative Care Facilities)

Project Overview: This project used a portion of the American Rescue Plan Act of 2021's (ARPA) State and Local Fiscal Recovery Funds (SLFRF) to address the staffing and bed shortages, lost

(continued: Project 124: COVID Comm)
revenue streams, and additional costs of providing COVID-19 treatment faced by Arkansas hospitals. Specifically, DHS 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 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 American Rescue Plan Act of 2021's (ARPA) State and Local Fiscal Recovery Funds (SLFRF) to address the staffing and bed shortages, lost revenue streams, and additional costs of providing COVID-19 treatment faced by Arkansas hospitals. Specifically, DHS 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

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

(continued: Project 126: Biohazard Medical Waste / COVID-19 Testing)
and residents. DHS 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.
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 128: Unreimbursed Fixed Property Cost
Funding amount: $40,524,540.71 obligated; $40,524,540.71 expended
Project Expenditure Category: 1.7, Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)

(continued: Project 128: Unreimbursed Fixed Property Cost)

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 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.

Project 129: Broadband Infrastructure

Funding amount: $2,483,889.28 obligated; $202,058.32 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 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 which could not be served by more market based broadband approaches, could be served. Additionally, two of the locations are located in areas defined as Qualified Census Tract areas and this connectivity could serve communities that are disproportionally impacted by socio-economic barriers.

The initial American Rescue Plan Act Broadband Infrastructure Improvement study was carried out in 2021 and prepared by ADPHT GIS 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 installation of these services due to cost. The study was carried out with all supporting findings to proceed with these projects.

Use of Evidence: This project provides broadband infrastructure to Arkansas State Parks and Welcome Centers. 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 areas that were previously unserved and underserved that now have the ability to 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 cost prohibitive, without this project these rural areas would not get this 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 were running 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). Performance Indicators so far:

- Improved/Reliable Connectivity
- Fast internet connection with 100 MB internet
- Quality services
- Visitors are able to access free internet/WIFI