



Arkansas  
 Arkansas Department of Finance and Administration  
 Arkansas Comprehensive Opioid Abuse Site-Based Program

10/01/19 *Grant Start* → 09/30/22 *Grant End*

**Overview**

The 2017 Arkansas opioid overdose death rate (6.5 deaths/100,000 persons) was much lower than the national level (14.6/100,000), although the prescribing rate per 100 people (105.4) was the second highest in the nation (following Alabama at 107.2) and nearly twice the national rate of 58.7. There were 188 overdose deaths involving opioids: 125 involved prescription opioids, 68 involved synthetic opioids (mainly fentanyl), and 15 were related to heroin. Despite the implementation of numerous government-run programs, the Arkansas State Crime Laboratory has received a steadily increasing number of reports related to drug-related overdose deaths. Emergency medical services data show that administration of naloxone at least doubled from 2017 to 2018 in every county, with most increases considerably larger; and neonatal abstinence syndrome increased from 0.03 to 4.8 per 1,000 hospital births from 2000 to 2017.

Almost half (44 percent) of Arkansans live in rural areas, and most of the state's counties are designated as health professional shortage areas, fully or partially medically underserved areas, or both. Multiple socioeconomic vulnerabilities of rural opioid users not only put them at risk for overdose and death, but also affect their ability to seek

treatment and increase the potential for encounters with law enforcement and involvement of child welfare agencies. The low state literacy rates and lower health literacy rates create a potential for abuse of prescription drugs due to poor understanding of dosing directions.

**Grant Focus**

- Expand law enforcement diversion and first-responder models that connect individuals to substance abuse treatment and recovery support services.
- Employ the use of alternatives to incarceration programs for nonviolent drug offenders.
- Expand jail-based treatment and effective reentry programs.
- Expand peer support services and recovery housing.
- Increase access to naloxone.
- Prioritize real-time data collection, analysis, and dissemination.
- Link data sets to identify trends and focus resources.

- Build capacity in underserved regions impacted by the opioid epidemic.
- Expand public awareness about opioid abuse.
- Educate public safety and criminal justice stakeholders about substance abuse.

- Developing, implementing, or enhancing programs to address the opioid epidemic in rural communities as well as comprehensive responses that promote education and prevention activities and diversion programs for nonviolent drug offenders.

## Program Approach

Eighteen of Arkansas' 75 counties have been identified for this initiative, representing 12 jurisdictions. Funding will be based on the numbers of opioid treatment admissions, episodes of care, overdose deaths, opioid prescriptions, and naloxone administrations. Arkansas' plans focus on statewide projects that are to be identified in the Statewide Comprehensive Strategic Plan for Opioid Abuse Reduction. These projects will be based on the similar needs of localities and strategies that will reduce opioid abuse in their jurisdictions.

The grant activities the Department of Finance and Administration—Office of Intergovernmental Services (DFA-IGS) proposes are as follows:

- Providing a criminal investigator to collect data at the scene to identify the drugs involved and their source and to seek prosecution of the supplier.
- Providing individuals who experience an overdose with counseling by a peer recovery specialist and follow-up to promote treatment and recovery.
- Sharing data with other state agencies through an information database and Web portal created and maintained by the Arkansas Foundation for Medical Care.
- Supporting law enforcement agencies in identifying individuals in need of substance abuse treatment services and connecting these individuals to treatment services.
- Connecting individuals at risk for overdose and survivors of nonfatal overdose and their families with substance abuse and behavioral health treatment providers or peer recovery support providers trained in addiction support and recovery.

DFA-IGS will support the selection of sites using assigned staff members (a grants analyst and a project coordinator) and existing Single State Authority (SSA) partners. Grants analysts will process subrecipients' requests and invoices, conduct monitoring and site visits, and provide ongoing technical assistance on reporting. Selected sites will be required to submit performance data monthly. Subrecipients will be required to attend quarterly providers meetings, during which project staff members and SSA partners will be able to provide additional training and technical assistance.

## Project Partners

- Arkansas Department of Human Services—Office of the State Drug Director (OSDD)/State Alcohol and Substance Abuse Agency
- Arkansas Department of Human Services—Division of Aging, Adult & Behavioral Health Services
- Arkansas Foundation for Medical Care (AFMC)
- Arkansas Department of Public Safety—State Crime Laboratory
- Arkansas Department of Health (ADH)
- U.S. Department of Justice—Drug Enforcement Administration (DEA)
- University of Arkansas System—Criminal Justice Institute (CJI)

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