



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

REQUEST FOR APPLICATION

SOLICITATION INFORMATION			
RFA Number:	DH-24-0023 -REPOST	RFA Issued:	06/12/2024
Sub-Grant Description:	Peer Recovery Specialist in Emergency Departments		
Agency:	AR Department of Health – Center for Health Protection-Substance Misuse and Injury Prevention Branch – Substance Misuse Education and Prevention		

APPLICATION DEADLINE	
Application Deadline Date/Time:	05/16/2024 NLT 2pm CT
Applications received after the designated date and time may be rejected as untimely. It is the responsibility of respondents to submit applications at the designated location on or before the deadline.	

DELIVERY OF RESPONSE DOCUMENTS	
Sealed applications may be mailed or hand delivered to the following locations:	
Mailing Address:	Arkansas Department of Health Attn: Tim O'Brien 4815 W Markham Street, Slot #58 Little Rock, AR 72205 Delivery providers, USPS, UPS, and FedEx deliver mail to ADH's street address on a schedule determined by each individual provider. These providers will deliver to ADH based solely on the street address.
Physical Address	Arkansas Department of Health Contract Support Section 4815 W Markham Street, L163 Little Rock, AR 72205
Response's Outer Packaging:	Outer packaging must be sealed and should be properly marked with the following information. If outer packaging of response submission is not properly marked, the package may be opened for identification purposes. <ul style="list-style-type: none">• RFA number• Application Date/Time• Applicant's name and return address

ARKANSAS DEPARTMENT OF HEALTH CONTACT INFORMATION			
Issuing Officer:	Tim O'Brien	Phone Number:	501-280-4573
Email Address:	Timothy.OBrien2@arkansas.gov	Alternate Number:	501-747-9132
ADH Website:	https://www.healthy.arkansas.gov/programs-services/topics/grant-and-bid-opportunities		

SECTION 1 – PROGRAM OVERVIEW

- **Do not provide responses to items in this section unless specifically and expressly required.**

1.1 PURPOSE

The Arkansas Department of Health (ADH) issues this Request for Application (RFA) to obtain applications for funding to provide peer recovery support services in Arkansas located emergency departments. Awardees will also provide quarterly data to the Arkansas Department of Health and participate in monthly meetings to increase statewide collaboration and track progress and completion of requirements.

1.2 BACKGROUND

This funding will increase the number of peer recovery specialists working on Arkansas located emergency departments. A peer recovery support specialist is someone who has lived the experience of recovery from a mental health challenge, substance use disorder, or both that provides non-clinical, strength based support to others experiencing similar challenges. Recipient emergency departments will develop and enact a policy within the emergency department to screen patients for a substance use disorder (SUD), educate employees on the SUD and peer recover support services, and hire a peer recovery specialist to provide linkages to care for patients identified with a possible SUD.

1.3 GRANT PERIOD

- A. The anticipated period **shall** be from July 1, 2024, through August 30, 2028
- B. The initial term of a resulting sub-grant will be for one (1) year. Upon mutual agreement between the applicant and the agency, the sub-grant may be renewed for up to six (6) additional one-year terms or portions thereof contingent upon appropriation of funding and approvals.
- C. Total contract term, including any amendments and/or possible extensions, not to exceed seven (7) consecutive years.

1.4 AVAILABLE FUNDING

- A. Maximum amount of funding is anticipated to be up to \$75,000 annually per awarded applicant, maximum of 3 applicants will be awarded.
- B. Funding is contingent upon review and acceptance of application.
- C. Funds **must** be used in accordance with an approved budget.
- D. ADH reserves the right to determine allowable and non-allowable costs.

1.5 ELIGIBILITY & FUNDING REQUIREMENTS

Applicant **must** meet the following to be eligible to obtain funding:

- A. Be a current active emergency department located in Arkansas.
- B. Only one position will be funded per location.
- C. Preference will be given to facilities in rural counties based on the definition from the USDA RUCC. See attached Heat Map ([Attachment 1](#)) to identify counties meeting the definition of rural.

1.6 BUDGET & JUSTIFICATION

- A. Applicant shall include a complete proposed budget in sufficient itemized detail to clearly demonstrate all proposed reimbursable expenses. Include any written justification necessary.
- B. Recipient(s) **shall** be reimbursed for allowable expenses only. Allowable expenses are those approved by ADH within the budget's itemized listing.

1.7 ISSUING OFFICER

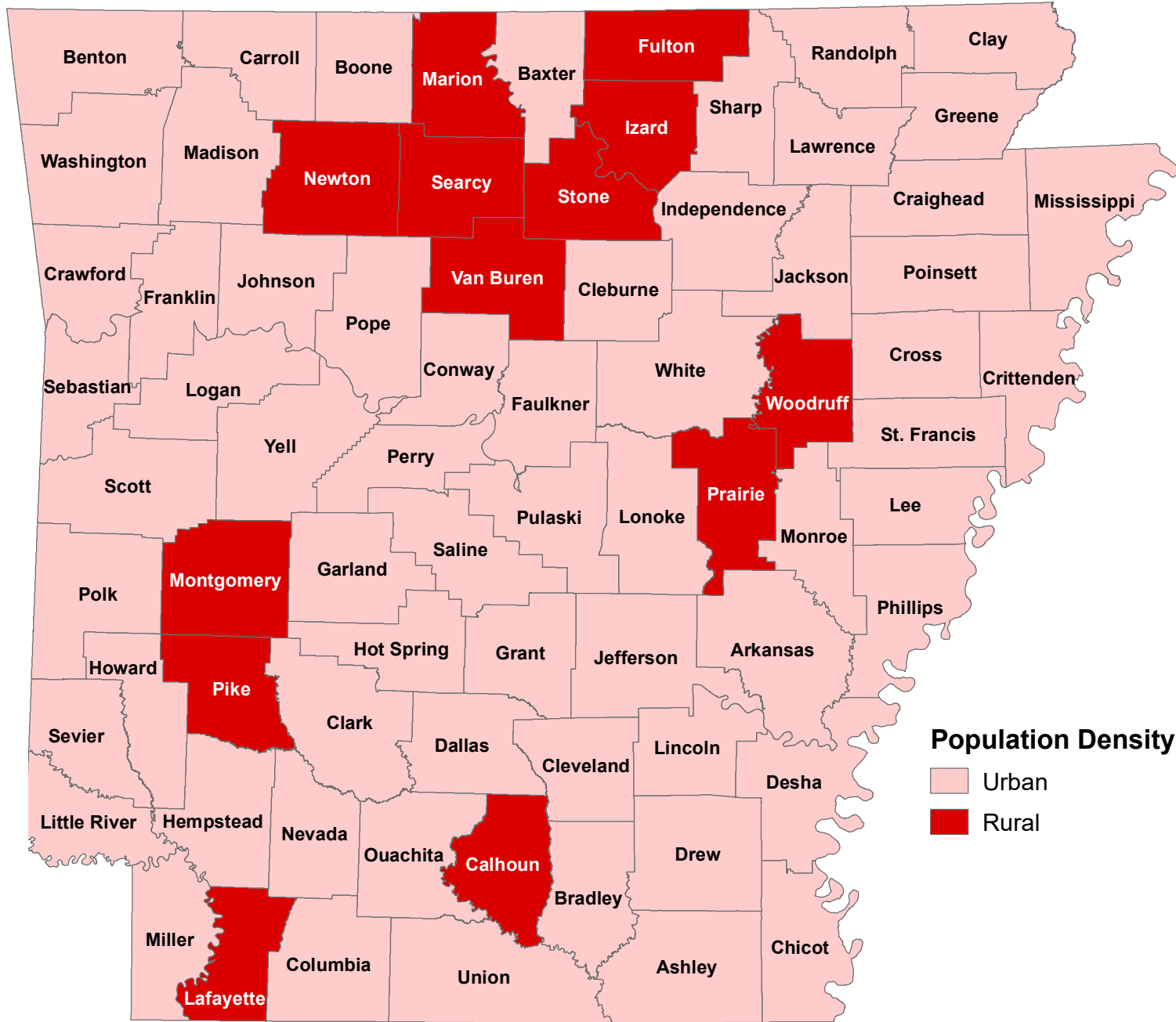
The ADH contact name listed on page one is the sole point of contact throughout this solicitation.

1.8 RFA OPENING LOCATION

Applications submitted by the due time and date **shall** be opened at the following location:

Attachment 1

Rural Counties in Arkansas



Population Density

- Urban
- Rural

