

**Needs Assessment**  
**Legal Aid as a Response to the Opioid Crisis in Arkansas (LAROCA)**  
**Arkansas**  
**December 1, 2019**

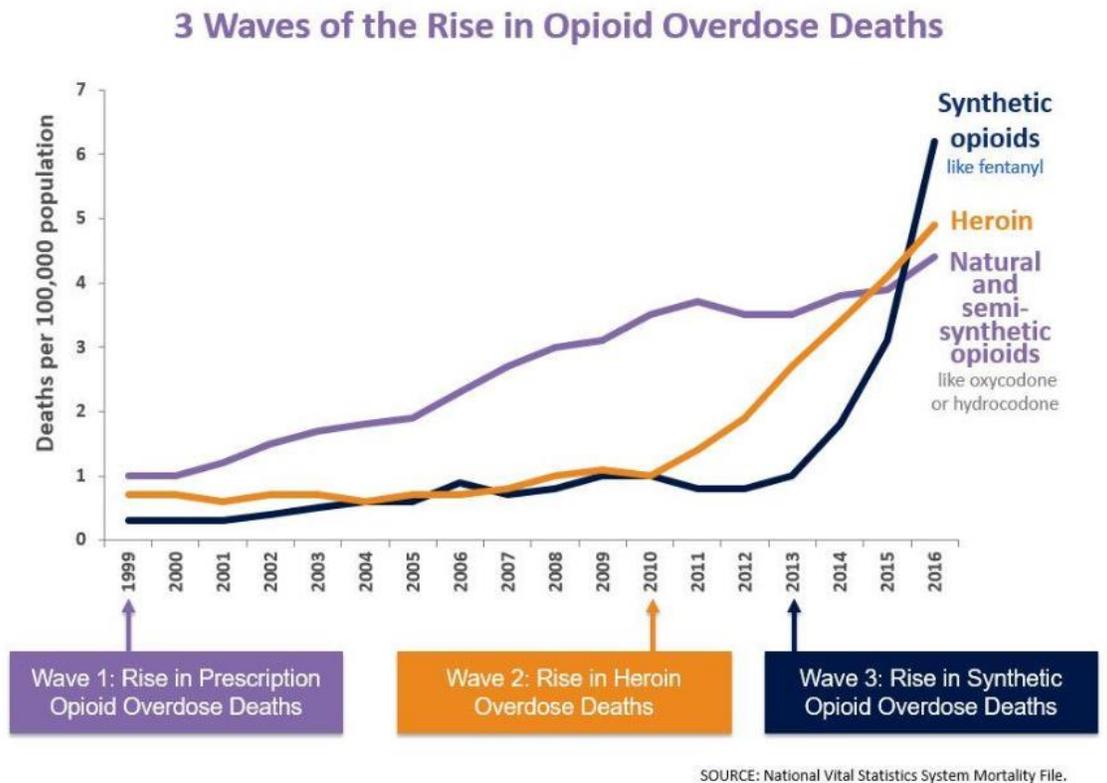
Grantee Organization	Legal Aid of Arkansas	
Grant Number	G25RH32965	
Address	714 S. Main St. Jonesboro, AR 72401	
Service Area	Rural Counties: Randolph, Lawrence, Sharp, Greene, and Mississippi Partial Rural Counties: Craighead (Monette, Caraway, Black Oak), Poinsett (Census Tract 05111490700)	
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Contributing Consortium Members and Stakeholders	In His Wings	
	Breaking Bonds Ministries	
	Restoration House Ministries	
	Mid-South Health Systems	
	The Haven of Northeast Arkansas	
	Out of the Dark, Inc.	
	Black River Area Development Corp.	
	Attorney General's Office	
	State Drug Director's Office	
	Drug Enforcement Administration	
	Center for Arkansas Legal Services	
	Legal Services Corporation	

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## A. Introduction/Background Information

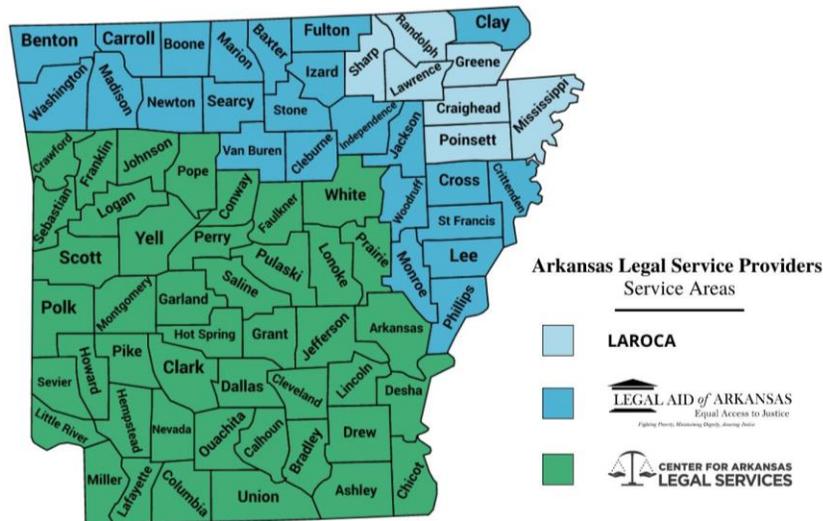
Drug overdose is the leading cause of accidental death in the United States and opioid use is driving this epidemic.



Arkansas is the second highest state in the nation for over-prescribing opioid medications at 114.6 opioid prescriptions per 100 people (the national average is 66.5 prescriptions per 100 people). To save lives, statewide programs have been enacted through multiple partnerships and multiple programs. The programs include, but are not limited to, the biannual *Arkansas Prescription Drug Take Back Day*, *Naloxone kit program*, *Arkansas Alcohol and Drug Abuse Coordinating Council*, and *Community Advisory Councils* throughout the state, and an *Education Portal* for physicians, nurses and other medical professionals.

The opioid crisis does more than take lives. It can shatter families that are left behind in death and in the course of addiction. LAROCA seeks a more holistic approach to serve individuals and families experiencing opioid use disorder (OUD)/substance use disorder (SUD) by integrating civil legal aid in recovery and treatment services. OUD/SUD-impacted individuals and their families face the daunting task of navigating the civil justice system in the throes of addiction, treatment, recovery and death by overdose. Civil legal problems that arise include custody and guardianship, access to housing, sealing criminal records, domestic violence, and navigating state and federal public assistance. LAROCA integrates free legal services to low-income OUD/SUD-impacted individuals and families who cannot afford to pay for an attorney.

## LAROCA TARGETED SERVICE AREA



LAROCA covers seven counties in Northeast Arkansas: Lawrence, Sharp, Randolph, Greene, Mississippi Counties, and rural parts of Poinsett and Craighead. The consortium is made up of a diverse group of service organizations:

- Legal Aid of Arkansas, Civil legal aid provider, All counties
- Mid-South Health Systems, Mental health center, All counties
- Restoration House, Faith-based treatment facility for women, Poinsett County
- Breaking Bonds Ministries, Faith-based residential and treatment facility, Craighead County
- In His Wings Ministries, Faith-based rehabilitation facility for women, Craighead County
- Out of the Dark, Community volunteer group, Craighead County
- Black River Area Development Corporation (BRAD), Head Start and Early Head Start services, Lawrence and Randolph County

These counties experience more than twice the rate of opioid prescriptions per persons compared to state and national average. Craighead County is the lowest with 115.0 prescriptions per 100 persons and Poinsett County is the highest with 187.9 (Table 5).

While Arkansas ranks high on opioid prescription rate nationwide, opioid related overdose rates are unclear and suspiciously low. Approximately 416 people died from a drug overdose in 2017. This number does not reflect how the crisis has impacted the target population. At issue is a lack of an organized way of gathering overdose rate data. However, the Arkansas Drug Director's Office recently received a three-year \$1 million in grant from the Department of Justice for an opioid response. A portion of that money will build a comprehensive data repository system allowing law enforcement, health care professionals, policymakers and others to better track those opioid incidents. The system, however, will depend on the voluntary compliance of 75 county coroners. In addition to overdose deaths, the database will also track administration of naloxone, a drug that can save the life

of an opioid overdose victim. The database was scheduled to be available for use by early 2020. The information will be available for viewing by participating agencies, but it won't be a public website. While promising, the reliance of the system on the state's 75 coroners and their deputies providing accurate information poses risks. Those coroners have not had a standardized system of determining and reporting deaths until now. LAROCA seeks to be a participating agency in the database.

Reports of lower rates of opioid overdose than experienced is also attributable to the disparities in how the county coroners report deaths. Coroners, especially in rural communities, can face pressure from families who want an opioid death classified as a heart attack because it does not carry the same stigma. With the new database, coroners will have a system and standard to report deaths which will provide more accurate data of overdose caused by OUD/SUD. At best, Arkansas Drug Director Kirk Lane determined there are 30 nonfatal overdoses for every fatal one.

Despite the prevalence of opioid use in this region, individuals and families have face challenges accessing medication-assisted treatment (MAT). In LAROCA's service area, consortium member Mid-South Health Systems (Mid-South) provides MAT in person and/or through their telehealth portal as part of the Arkansas State Targeted Response to the Opioid Crisis. This is the only service facility that provides MAT in the LAROCA service area. Mid-South has a clinic in every county they serve. However, rural low-income populations as those in the LAROCA service area face transportation issues, especially those who experience driver's license suspension as a consequence of drug use.

## **Community Culture and History**

**Lawrence County**<sup>1</sup> was formed in 1815 with a geographic area of 587.61 square miles and a population of 17,415, 97% of whom are white. The population density is 29.7 People per square mile. White settlers first inhabited the county's western regions, traveling on the Black River, and later through maintained roads. During the Civil War, although some residents joined Federal forces, sentiment ran with the Confederacy. The Twentieth-century brought Lawrence County automobiles, planes, radio, and, after World War I, a greater awareness of the world. With cotton leading the way, the county enjoyed economic growth before prices collapsed in the Great Depression. New Deal programs resulted in new bridges and school buildings, and, near Clover Bend, the sale of more than 5,000 acres to the U.S. government for distribution to landless farmers under the Resettlement Administration.

Perhaps, no single event had an impact on Lawrence County as much as the construction and operation of the Walnut Ridge Army Airfield during World War II. This basic army flying school trained thousands of army and marine pilots while transforming the economic landscape of the Depression-blighted area. After the war, a massive warplane salvage facility operated at the site, and in 1947, Southern Baptist College moved to the base from Pochontas (Randolph County). Today, the site serves as the Walnut Ridge airport and hosts several industries, while Southern, now called Williams Baptist University, thrives as a liberal arts institution on a dramatically transformed campus. In the 1950s, Lawrence County made national news when Hoxie Public Schools willingly

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<sup>1</sup> Central Arkansas Library System. Encyclopedia of Arkansas. Retrieved from <https://encyclopediaofarkansas.net/entries/lawrence-county-782/>

desegregated in the face of enormous resistance. Although long dominated by cotton production, this agricultural county now produces rice, soybeans, corn, and sorghum.

**Sharp County**<sup>2</sup> was carved from Lawrence County in 1868, with a geographic area of 604.4 square miles and a population of 17,264, 96% of whom are white. The population density is 28.6 people per square mile. When first being settled, some of the early white settlers brought slaves with them. After the Civil War, several free blacks inhabited Sharp County and many former slaves chose to stay with the families whose slaves they had been due to lack of economic opportunity. In the early twentieth-century, Sharp County was home to sundown towns, such as Evening Shade, a place where African Americans were not allowed after dark. The Great Depression hit Sharp County hard. World War II took many of the young men from the area, and many families moved away to seek work. A number of people left for the state of Washington to pick fruit.

The county's population bounced back in the 1960s due in large part to the establishment of Cherokee Village, a retirement community that was opened in 1955. By the 1960s, it had attracted so many retirees that the town needed more land. Cherokee Village made Arkansas a prime retirement destination. Today Sharp County is made up of several towns and the county's Spring River attracts visitors from all over the country. The economic base of the county is agriculture; cattle, broilers, hay, and watermelons, and some light manufacturing with tourism being number one.<sup>3</sup>

**Randolph County**<sup>4</sup> was separated from Lawrence County and formed in 1835 with a total geographic area of 652.19 square miles and a population of 17,969, 96.5% of whom are white. Randolph County's five rivers, proximity to land transportation routes, and rich agricultural promise drew settlers to the area before the Louisiana Purchase. During the Civil War, Randolph County was an assembly area. After the war, the construction of railroad routes near the county brought travelers and trade. As dependence on water-based transportation fell, land and railroad routes allowed agriculture and industry to maintain the county's economic prominence in northeast Arkansas. The Hoxie-Pocahontas and Northern Railway Company, part of the St. Louis-San Francisco system, entered the county, expanding markets, encouraging land sales, and bolstering the lumber industry.

Post-reconstruction, easier travel encouraged the development of two nineteenth-century resort communities, Warm Springs and Ravenden Springs, around natural mineral springs. The improved transportation allowed for more immigration, specifically German, into the county. World War II caused some citizens to better-paying jobs outside the region; however, some industries entered the county, creating a slight economic boom. An egg-dehydrating plant and a shoe manufacturing facility opened, employing many local citizens.

Today in Randolph County, lowland farmers export rice, soybeans, corn, and other grains, while cattle ranches and poultry houses dominate the uplands. The largest employer, Pinnacle Frames and Accents, produces picture frames and albums primarily for export outside the county.

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<sup>2</sup> Central Arkansas Library System. Encyclopedia of Arkansas. Sharp County. Retrieved From <https://encyclopediaofarkansas.net/entries/sharp-county-809/>

<sup>3</sup> Arkansas.gov. Sharp County History. Retrieved from <https://sharpcounty.arkansas.gov/county-history>

<sup>4</sup> Central Arkansas Library System. Encyclopedia of Arkansas. Randolph County. Retrieved from <https://encyclopediaofarkansas.net/entries/randolph-county-803/>

**Greene County**<sup>5</sup> was formed in 1833 and has a total geographic area of 577.7 square miles with a population of 42,090, 96% of which are white. Greene County is largely influenced by its surrounding geography, such as swamplands and lowlands, which made original settlement of the land strenuous. The Civil War interrupted the county's early economic growth, however after the war, rail transportation and drainage improvements began, creating a major industrial boom, particularly in timber.

As this industrial growth continued through the 1920s, the timber business declined, yet the production of cotton, corn, and soybeans increased. The Great Depression severely affected Greene County's population, economy, and way of life. It was not until World War II that large plants and factories moved into the area with new forms of employment. The modern-day base of Greene County's economy is manufacturing, health care and social assistance, and retail trade.<sup>6</sup>

**Poinsett County**<sup>7</sup> was formed in 1838 and has a total geographic area of 758.39 square miles with a population of 24,583, 90% of which are white. Poinsett County has a population density of 32.3 people per square mile. In the early 1900s, settlement of this land was slow, and then further affected by lack of economy during the Civil War. As Reconstruction ended and the twentieth-century began, the installation of railroads drastically affected the county's economy. The growth of the county has been stalled by the inability to get products to market. The timber industry expanded rapidly. In addition, furs, cattle, and cotton were shipped. The railroads connected the wilderness of Poinsett County to the large industrial centers.

Today Poinsett remains mainly rural, with farming being the principal industry. It is one of the highest producers of rice in the nation and also grows cotton and soybeans. Manufacturing areas such as shoe factories, clothing makers, piano manufacturers, and small auto parts suppliers also contribute to the county's economy.

**Craighead County**<sup>8</sup> was formed in 1859 and has a total geographic area of 707.21 square miles with a population of 96,443, 81% of which are white. Craighead County has a population density of 135.7 people per square mile. The unique land formation, Crowley's Ridge, runs through its center. This high ground served as some of the first settled land in the county due to the swamp and overflow lands throughout the rest of the region. The state soon however realized the potential value of this rich soil and began draining the submerged land.

Craighead served as an organizing area for the Confederacy during the Civil War, however the population consisted of mainly small farmers and businessmen, not slaveholders on large plantations. Reconstruction brought harsh consequences on the county concerning race relations when the KKK

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<sup>5</sup> Central Arkansas Library System. Encyclopedia of Arkansas. Greene County. Retrieved from <https://encyclopediaofarkansas.net/entries/greene-county-772/>

<sup>6</sup> Data USA. Green County, AR. <https://datausa.io/profile/geo/greene-county-ar/>

<sup>7</sup> Central Arkansas Library System. Encyclopedia of Arkansas. Poinsett County. Retrieved from <https://encyclopediaofarkansas.net/entries/poinsett-county-799/>

<sup>8</sup> Central Arkansas Library System. Encyclopedia of Arkansas. Craighead County. Retrieved from <https://encyclopediaofarkansas.net/entries/craighead-county-760/>

organized with the goal of protecting property rights. Agriculture and the economy of the county were greatly affected by the Great Depression. However the growth of educational facilities and production efforts for World War II allowed the county to prosper. Today, Craighead County remains largely a rural agriculture hub, it also produces bricks, chemicals, clothing, shoes, concrete, dairy products, feed, fertilizer, electric motors, furniture, and wood products.

**Mississippi County**<sup>9</sup> was formed in 1833 and has a total geographic area of 900.57 square miles and a population of 46,480, with a racial makeup of 62% white and 34% African American. The county has a population density of 51.7 people per square mile. It was named for the Mississippi River, which borders the county to the east. This county is rich in history, particularly from numerous Indian mounds and artifacts throughout the county. It took many years for the land to attract European settlers, as the terrain was primarily swamp land and heavy growths of mixed hardwood forests. The few settlements along the river were peopled by hunters and trappers who traded with the French. The Civil War and Reconstruction era proved difficult for the area. Klan activity and series of confrontations involving former slaves brought several deaths and caused many black citizens to flee the county.

As the state began to move forward, the timber and lumber boom began in this county. Like other Arkansas counties, the railroad's appearance allowed a new market supported by the county's resources to thrive. Agriculture became the economic leader after the timber lessened in importance. Rice, soybeans, and cotton are the leading crops of the county. Manufacturing also has a large presence, particularly steel production.

The background history above renders the racial composition of the service area which is overwhelmingly white, with the exception of Mississippi.

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<sup>9</sup> Central Arkansas Library System. Encyclopedia of Arkansas. Mississippi County. Retrieved from <https://encyclopediaofarkansas.net/entries/mississippi-county-791/>

**Table 1. Population by Race/Ethnicity**

Location	White	Black	Hispanic	Asian	American Indian /Alaska Native	Native Hawaiian/ Other Pacific Islander
United States <sup>10</sup>	76.5%	13.4%	18.3%	5.9%	1.3%	<1
Arkansas <sup>11</sup>	79.1%	15.7%	7.7%	1.7%	1.0%	<1
<b>Counties<sup>12</sup>:</b>						
Lawrence, AR	96.4%	1.2%	1.7%	0.3%	0.6%	--
Sharp, AR	95.5%	0.9%	2.3%	0.6%	1.0%	0.1%
Randolph, AR	95%	1%	2.1%	0.4%	0.6%	1.3%
Greene, AR	95.2%	1.8%	2.9%	0.4%	0.6%	0.4%
Poinsett, AR	89.1%	8.4%	3.2%	0.3%	0.4%	--
Craighead, AR	80.1%	16.2%	5.2%	1.2%	0.5%	0.1%
Mississippi, AR	61.8%	35.7%	4.2%	0.5%	0.4%	--

<sup>10</sup> United States Census Bureau (July 1, 2018). United States Quick Facts. Retrieved from <https://www.census.gov/quickfacts/fact/table/US/PST045218>

<sup>11</sup> United States Census Bureau (July 1, 2018). Arkansas Quick Facts. Retrieved from <https://www.census.gov/quickfacts/AR>

<sup>12</sup> United States Census Bureau (July 1, 2018). Arkansas Counties Quick Facts. Retrieved from <https://www.census.gov/quickfacts/fact/table/countiesofarkansas/PST045218>

LARCOA’s more inland counties, such as Sharp, Lawrence and Randolph have a significantly higher percentage of residents ages 65 and older.

**Table 2.** Population Age Demographics<sup>13</sup>

Age	US	AR	Target Area						
			Lawrence	Sharp	Randolph	Greene	Poinsett	Craighead	Mississippi
65+	12.4 %	14.4 %	18.1%	23.9%	18.7%	14.3%	15.9%	12.2%	12.2%
45-64	26.4 %	26.0 %	26.9%	28.6%	27.2%	25.9%	27.3%	23.0%	25.7%
25-44	26.6 %	25.4 %	22.6%	19.4%	22.8%	25.9%	24.1%	26.8%	24.9%
18-24	9.9%	9.7%	9.4%	6.5%	8.1%	8.7%	8.6%	13.0%	9.0%
0-17	24.0 %	24.4 %	22.9%	21.5%	23.2%	25.2%	24.2%	25.0%	28.2%

The percentage of the population of the entire service without health insurance is higher than the national average, with Sharp and Poinsett counties averages higher than that of the state. Arkansas has a significantly higher percentage of the population living in poverty than the nation. Only one county, Greene, is lower than the national average. Five counties have a higher percentage of the population that is unemployed than the state and the nation.

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<sup>13</sup> United States Census Bureau. Age Groups and Sex 2010: State & County. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

**Table 3.** Population by health insurance coverage, poverty level, and unemployment

County	Without Health Insurance			Poverty			Unemployment		
	County <sup>14</sup>	State	National <sup>15</sup>	County <sup>16</sup>	State <sup>17</sup>	National <sup>18</sup>	County <sup>19</sup>	State <sup>20</sup>	National <sup>21</sup>
Lawrence	11.8	12.3	9.8	18.4	17.2	11.8	3.9	3.5	3.6
Sharp	14.1	12.3	9.8	23.3	17.2	11.8	4.8	3.5	3.6
Randolph	12.3	12.3	9.8	20.9	17.2	11.8	4.0	3.5	3.6
Greene	10.6	12.3	9.8	15.9	17.2	11.8	3.5	3.5	3.6
Poinsett	15.9	12.3	9.8	21.4	17.2	11.8	3.8	3.5	3.6
Craighead	12.3	12.3	9.8	18.3	17.2	11.8	3.1	3.5	3.6
Mississippi	12.4	12.3	9.8	25.6	17.2	11.8	5.7	3.5	3.6

Thirteen percent of the national population has less than a high school education. Only one county, Craighead County, has a lower percentage. Four counties are above the national average for both Arkansas and the nation. Every county except Craighead County has more than double the average number of opioid prescriptions per 100 people. Every county has a higher average of opioid prescriptions per 100 people than the statewide average.

<sup>14</sup> amfAR. (2019). Arkansas Opioid Epidemic: Percent of People without Health Insurance [Data file]. Retrieved from <http://opioid.amfar.org/AR>

<sup>15</sup> Health Insurance Coverage: Early Release of Estimates From the National Health Survey, 2018. National Center for Health Statistics. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201905.pdf>

<sup>16</sup> Welfare Info. Compare Poverty Rate Among Arkansas Counties. Accessed October 30, 2019. <https://www.welfareinfo.org/poverty-rate/arkansas/compare-counties>.

<sup>17</sup> Erin Duffin. Statista, September 2019. Poverty Rate in Arkansas 200 - 2018. Retrieved from <https://www.statista.com/statistics/205430/poverty-rate-in-arkansas/>

<sup>18</sup> Jessica Semega et al., Income and Poverty in the United States: 2018. United States Census, September 2019. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-266.pdf>

<sup>19</sup> amfAR. (2019). Arkansas Opioid Epidemic: Percent of People Without Health Insurance [Data file]. Retrieved from <http://opioid.amfar.org/AR>

<sup>20</sup> Unemployment Rate in Arkansas. U.S. Bureau of Labor Statistics, Federal Reserve Bank of St. Louis (September 2019.) Retrieved from <https://fred.stlouisfed.org/series/ARUR>

<sup>21</sup> United States Unemployment Rate. Trading Economics. October 2019. Retrieved from <https://tradingeconomics.com/united-states/unemployment-rate>

**Table 4.** Percentage of target population with less than a high school education

County	% of population with less than a high school education	Comparative %
Randolph	16.7% <sup>22</sup>	<b>Arkansas:</b> 14.8% <sup>23</sup>
Greene	14.7% <sup>24</sup>	<b>United States:</b> 13.0% <sup>25</sup>
Mississippi	19.6% <sup>26</sup>	
Poinsett	21.3% <sup>27</sup>	
Craighead	12.0% <sup>28</sup>	
Lawrence	14.7% <sup>29</sup>	
Sharp	16.8% <sup>30</sup>	

<sup>22</sup> Statistical Atlas. (2019) Educational Attainment in Randolph County, Arkansas. [Data file]. Retrieved from <https://statisticalatlas.com/county/Arkansas/Randolph-County/Educational-Attainment>

<sup>23</sup> Statistical Atlas. (2019) Educational Attainment in Arkansas. [Data file]. Retrieved from <https://statisticalatlas.com/state/Arkansas/Educational-Attainment>

<sup>24</sup> Statistical Atlas. (2019) Educational Attainment in Greene County, Arkansas. [Data file]. Retrieved from <https://statisticalatlas.com/county/Arkansas/Greene-County/Overview>

<sup>25</sup> <https://statisticalatlas.com/United-States/Educational-Attainment>

<sup>26</sup> Statistical Atlas. (2019) Educational Attainment in Mississippi County, Arkansas. [Data file]. Retrieved from <https://statisticalatlas.com/county/Arkansas/Mississippi-County/Educational-Attainment>

<sup>27</sup> Statistical Atlas. (2019) Educational Attainment in Poinsett County, Arkansas. [Data file]. Retrieved from <https://statisticalatlas.com/county/Arkansas/Poinsett-County/Educational-Attainment>

<sup>28</sup> Statistical Atlas. (2019) Educational Attainment in Craighead County, Arkansas. [Data file]. Retrieved from <https://statisticalatlas.com/county/Arkansas/Craighead-County/Educational-Attainment>

<sup>29</sup> Statistical Atlas. (2019) Educational Attainment in Lawrence, Arkansas. [Data file]. Retrieved from <https://statisticalatlas.com/county/Arkansas/Lawrence-County/Educational-Attainment>

<sup>30</sup> Statistical Atlas. (2019) Educational Attainment in Sharp County, Arkansas. [Data file]. Retrieved from <https://statisticalatlas.com/county/Arkansas/Sharp-County/Educational-Attainment>

**Table 5.** Opioid Prescription Rates by County

County	Average # of Opioid Prescriptions per 100 Persons <sup>31</sup>	Comparative Averages
Randolph	139.3	<b>Arkansas:</b> 108.1
Greene	155.1	<b>United States:</b> 58.7
Mississippi	157.7	
Poinsett	187.9	
Craighead	115.0	
Lawrence	162.2	
Sharp	152.2	

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<sup>31</sup> Denise Robertson. Arkansas Department of Health. (2017). 2017 Prescription Monitoring Program Annual Report. 15 January 2019. Retrieved from [https://www.healthy.arkansas.gov/images/uploads/pdf/Annual\\_Report\\_2017\\_Final\\_7\\_26\\_18.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/Annual_Report_2017_Final_7_26_18.pdf)

Of the 905 cases in Arkansas where drugs were mentioned on death certificates, 331 involve opioids, compared to 95 involving stimulants, 132 involving depressants, and 347 involving other drugs such as antidepressants. Despite such a high number of cases, not every county has treatment facilities. Poinsett County does not have any facilities providing substance abuse services. Only Craighead County has facilities providing some medication assisted treatment. No county has a facility that provides all medication assisted treatment. Half of the service area does not have a licensed physician who can administer buprenorphine and no county has a syringe exchange program. For every county in the service area, the distance to the nearest syringe service program is over 100 miles and for some counties, close to 200 miles. The distance to a substance abuse facility providing some medication assisted treatment, ranges from 11.5 miles to 39.2 miles.

**Table 6.** Drugs present in fatal overdoses of Arkansas residents, 2016<sup>32</sup>

Class	Drug	Number of times mentioned on death certificates
Opioids	Other Opioids	129
	Oxycodone	80
	Hydrocodone	74
	Methadone	38
	Heroin	10
Stimulants	Methamphetamine	67
	Cocaine	18
	Prescription Stimulants	10
Depressants	Benzodiazepines	132
	Other	136
Other	Antidepressants	101
	Antihistamines	56
	Unknown	54
<b>Total</b>		<b>905</b>

<sup>32</sup> Arkansas Department of Health. (2018). *Drug Overdose Deaths in Arkansas – 2000 – 2016*. 15 January 2019. [https://www.healthy.arkansas.gov/images/uploads/pdf/Mortality\\_Report\\_-\\_2017\\_v3.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/Mortality_Report_-_2017_v3.pdf)

**Table 7.** OUD-related health and social services in target area<sup>33</sup>

Service Indicators	Randolph	Greene	Mississippi	Poinsett	Craighead	Lawrence	Sharp
Facilities providing substance abuse services	1	1	2	0	5	1	2
Facilities providing some Medication Assisted Treatment	0	0	0	0	2	0	0
Facilities providing all Medication Assisted Treatment	0	0	0	0	0	0	0
Providers licensed to administer buprenorphine	0	2	3	0	12	0	1
Syringe exchange programs	0	0	0	0	0	0	0
Distance to nearest SSP	155.86	162.6	186.6	194.38	182.17	163.15	144.14
Distance to nearest substance abuse facility providing MAT	32.86	19.6	27.21	24.88	11.25	30.31	39.17

Only two counties, Greene and Mississippi, have a DEA-Waivered physician.

**Table 8.** Number of medical practitioners who have a Drug Enforcement Administration waiver to prescribe buprenorphine<sup>34</sup>

County	DEA-Waivered Physicians
Randolph	0
Greene	2
Mississippi	2
Poinsett	0
Rural Track Area in Craighead	0
Lawrence	0
Sharp	0

## Summary

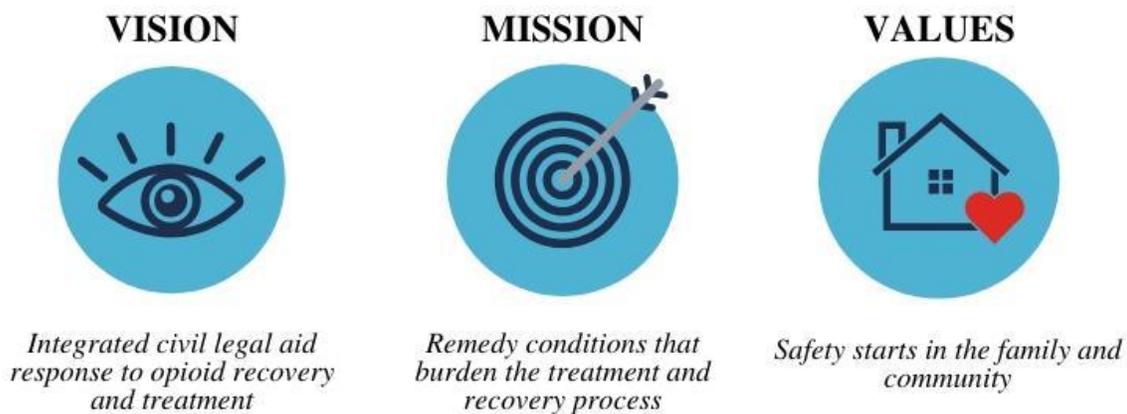
Each county has a rich, and sometimes troubled, history. Along with most of the country, especially Southern states, happenings and constructions such as railroads, the Civil War, the Great Depression,

<sup>33</sup> Arkansas Department of Human Services. (2018). *Arkansas State Targeted Response to the Opioid Crisis, Strategic Plan: Year two*. 15 January 2019. Retrieved from [https://humanservices.arkansas.gov/images/uploads/dbhs/STR\\_2018\\_Strategic\\_Plan\\_Yr\\_2.pdf](https://humanservices.arkansas.gov/images/uploads/dbhs/STR_2018_Strategic_Plan_Yr_2.pdf)

<sup>34</sup> Arkansas Department of Human Services. (2018). *Arkansas State Targeted Response to the Opioid Crisis, Strategic Plan: Year two*. 15 January 2019. Retrieved from [https://humanservices.arkansas.gov/images/uploads/dbhs/STR\\_2018\\_Strategic\\_Plan\\_Yr\\_2.pdf](https://humanservices.arkansas.gov/images/uploads/dbhs/STR_2018_Strategic_Plan_Yr_2.pdf)

World War I & II, and social movements of the twentieth-century had extreme impacts on the way of life, economy, and culture of these counties. No corner of the country has gone untouched by the opioid crisis, but the impact of this issue on small towns and rural places has been particularly significant. Helping to drive this trend in rural areas are high opioid prescription rates and challenges accessing MAT, the gold standard for treating opioid use disorder.<sup>35</sup> The rural upsurge of opioid use disorder and overdose deaths arises from multiple factors: geography, socioeconomics, and access to health care. Rural residents have a higher risk of work-related injuries for which opioids may be prescribed. Many have low incomes, limited or no insurance coverage, and live far from addiction treatment clinics.

## B. Vision/Mission/Planning Values



**Vision:** *Integrated civil legal aid response to opioid recovery and treatment*

Rural Northeast Arkansas will have access to holistic opioid recovery and treatment services. These services provide support to individuals and families in areas of health, home, purpose, and community. Legal services are integrated to provide solutions to stressors in these critical components of recovery.

**Mission:** *Remedy conditions that burden the treatment and recovery process by building the capacity of the Consortium*

The mission of LAROCA is to establish stability in the treatment and recovery process by expanding treatment and recovery services to include civil legal aid. Legal Aid providers help secure housing

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<sup>35</sup> Roger Rosenblatt et al., “Geographic and Specialty Distribution of US Physicians Trained to Treat Opioid Use Disorder,” *Annals of Family Medicine* 13, no. 1 (2015): 23-6, <https://dx.doi.org/10.1370%2Fafm.1735>; Substance Abuse and Mental Health Services Administration, “Addressing Substance Use and the Opioid Epidemic in Integrated Care Settings” (PowerPoint, Primary and Behavioral Health Care Integration Central Regional Meeting, Denver, March 8-9, 2018), [https://integration.samhsa.gov/pbhci-learning-community/regional\\_clusters/Hamblin.Disselkoen.Mountain\\_Plains.ATTC\\_PBHCI\\_SUD\\_Presentation.pdf](https://integration.samhsa.gov/pbhci-learning-community/regional_clusters/Hamblin.Disselkoen.Mountain_Plains.ATTC_PBHCI_SUD_Presentation.pdf).

and health care services, obtain guardianship over children, escape domestic violence, seal criminal records, and increase opportunities in recovery.

**Planning Values:** *Safety starts in the family and community.*

The opioid epidemic is driving the leading cause of accidental death in the United States. It is a complicated, haunting challenge that disrupts the lives of individuals and their families without discrimination. Communities in the Consortium's service area are facing devastating barriers created by poverty, unemployment, and lower educational attainment. These communities are in pain and families are feeling the effects when the average number of opioid prescriptions per 100 persons is more than doubled compared to the national average (Table 5). LAROCA seeks to re-establish safety and stability in the family after addiction has taken its toll by integrating civil legal aid into treatment and recovery service options. LAROCA considers the perspective of all who are impacted to provide the best network of care and support that will increase success in recovery and prevent future opioid and substance abuse.

Legal Aid of Arkansas has already integrated civil legal aid through medical-legal partnerships (MLP) in rural community health centers, at Arkansas Children's Hospital, and with community mental health agencies. There are many legal problems that impact health including violence in the home, limited access to health care, poor housing conditions, and inadequate nutrition. The goal is not only to help people achieve better health outcomes, but also to detect, address, and prevent health-harming social conditions for communities. Legal Aid of Arkansas has also prioritized cases where children ages 5 and under are in the client-family seeking services to bring more safety and stability into the home. This demonstrates the commitment to preemptively protect future generations from experiencing the aftermath of legal problems.

The opioid crisis is intrinsically linked to the health and safety of our families and communities. LAROCA values holistic services that combine the expertise and resources of all Consortium partners. Through the integration of civil legal aid, the Consortium increases its capacity to serve in the areas of health, home, purpose, and community-- four components that are critical to successful recovery from the destructive path of addiction.

### **C. Needs Assessment Methodology**

The core approach of the needs assessment was gathering data, asking questions, comparing data with answers, all to ultimately make informed decisions on how to proceed to have the greatest impact on the target demographic. To collect the quantitative data we used census data and scientific studies. A portion of the quantitative data collected is included in the Introductory/Background Information section of this Needs Analysis. Qualitative data was gathered to better understand the community's perception of the opioid epidemic. To develop this data, we engaged our consortium partners in a series of meetings, conducted one on one interviews, and held two focus groups across unique stakeholders. The individuals who participated in the one on one interviews were in treatment. The first focus group consisted of providers, individuals that were in recovery, and family members of individuals who are actively using. The second focus group consisted of only providers. The findings

from each focus group are detailed below in the Overview of Results/Findings section. Also important in this process was attending two all day opioid summits within Arkansas and two national trainings, the national Legal Aid and Defenders Annual Meeting as well as the national Medical-Legal Partnership Summit.

We will host a symposium on January 29th that includes local, state, and national speakers and trainers to inform the strategic plan. Legal Aid will engage in strategic planning and priority setting to address how to most efficiently and effectively incorporate legal services into a more holistic approach to address the crisis in the rural target area. We will be mindful, deliberate, and thoughtful in our approach, ensuring that our strategy is evidence based, targets the population to be served, is supported by consortium members and other community partners, is sufficiently resourced to meet the perceived need, and is implemented effectively and efficiently in a way that is sustainable.

#### D. Overview of Results/Findings

LAROCA finds that civil legal services are an integral element of a statewide response to the opioid epidemic. A person’s likelihood of success in recovery from OUD is determined not just by high-quality health care services and personal conduct; it is shaped by environment—where someone lives, works, plays, and learns. Civil legal services address poverty-related stressors that get in the way of treatment recovery.

To identify the civil legal service needs of this project’s service area, LAROCA engaged its consortium partners, composed primarily of treatment and rehabilitation facilities, and community stakeholders through two focus groups. The summary needs are as follows:

Source	Identified Civil Legal Services Needs
Restoration House Ministries	Custody
Breaking Bonds	Guardianship, Custody
In His Wings	Housing
Mid-South Health Systems	Criminal Record Sealing
Out of the Dark	Housing, Criminal Record Sealing, Custody, Guardianship
Focus Group 1 (Randolph County)	Custody, Criminal Record Sealing, Employment, Housing, Guardianship, Medicare, SNAP benefits
Focus Group 2 (Randolph County)	Custody, Criminal Record Sealing, Domestic Abuse, Guardianship

In a consortium meeting, members expressed their clients' need for civil legal services.

### **Restoration House Ministries**

Restoration is a long-term, faith-based treatment facility for women based in Poinsett County, within the 2nd Judicial District. Restoration has a capacity of 20 and they spend the majority of the year at capacity with a wait list. About 50% of the women who enter this program come through drug court. Referrals from drug courts of the 2nd Judicial District covers four of the seven counties that LAROCA serves (Craighead, Greene, Mississippi and Poinsett). Many women they treat lose custody of their children, a form of severance that is distressing and detrimental to a mother's ability to recover. However, in many cases of parental substance use disorders, treatment is the requisite step to restoring visitation rights and ultimately custody. Restoration advocates for continued mother/child contact during recovery and expresses the need of legal counsel to facilitate the process. Like most treatment facility, Restoration does not have adequate capacity to navigate the civil legal system, referring their clients to Legal Aid when legal issues become apparent.

### **Breaking Bonds Ministries**

Breaking Bonds is a long-term, faith-based residential and treatment facility for men in Craighead County, also in the 2nd Judicial District. Breaking Bonds has a capacity of 40 and are consistently at capacity. About 35% of men who enter the program come through drug court. Parent-patients at Breaking Bonds deal with giving guardianship of their children. At issue is the lack of understanding of the legal ramifications of guardianships and other custody issues. One particular case involves a father receiving paperwork about a guardianship for his child but he did not understand what signing the papers meant in terms of his rights. Counselors at Breaking Bonds also did not understand the legal effect of a guardianship and could not adequately advise the patient. Like Restoration, Breaking Bonds lacks in-house counsel to assist their residents in navigating the civil legal system and requested Legal Aid to come to their facility to provide legal education and representation for their staff and also some legal education for their staff.

### **In His Wings Ministries**

In His Wings is a faith-based, rehabilitation facility for women in Craighead County. Opened in the fall of 2018; the 24 bed facility has stayed at near capacity since that time. The group offers a 9 month program based on a traditional 12 step program, but also aims to help participants plan for life after the program is completed. The program is the only all women's recovery program in Craighead county. The majority of them voluntarily enter the program, while the rest are participating because of court intervention. Currently there are participants from every county in the LAROCA service area. In addition to providing traditional substance abuse recovery; the program teaches life skills, and financial literacy. The goals of the program is for each participant to have their driver's license, a place to live, and reliable transportation at the end of the program. Each of them are required to work, and the program uses existing contact in the community to link each of them with reputable

employers. About halfway through the program; participants are required to dedicate portions of their income to a small rent payment, and a savings account.

Here the pressing legal issue is access to housing. They are turned away when applying for housing due to their felony record. They also need assistance with housing for trial placements. These trial placements occur when an individual is working with DHS officials to regain custody of their children. The individual must have a suitable home, and job in order for the child to be placed with them for a trial period before being returned to them on a permanent basis.

### **Mid-South Health Systems**

Mid-South is a mental health center serving twenty counties in Eastern Arkansas including all seven counties that LAROCA serves. As one of twelve community mental health centers in Arkansas; it offers a vast array of mental health services and substance abuse recovery counseling. MidSouth has mental health centers in every county of the LAROCA service area. Those clinics serve 180 people who are receiving counseling because of opioid use disorder. When a broader survey is taken to include all forms of substance use disorder; that number swells to over 1500. It operates the Delta Recovery Center; a 26 bed co-ed in-patient substance abuse recovery facility. Of the 16 patients currently in residence there; the majority report opiates and/or heroin as at least one of the substances they've misused. Mid-South also maintains 3 intensive out-patient programs for substance abuse recovery in northeast Arkansas. Participants in these programs are required to come at least 3 times a week to half day sessions. Two of these programs are located within the LAROCA service area, and a majority of the approximately 40 participants report having misused opioids at some point.

Clients also have access to medically assisted treatment at Mid-South clinics. It offers telemedicine capability for individuals to obtain prescriptions at all of their 20 clinics and in person medical assessments and prescriptions at their clinics in Forrest City and Jonesboro (Craighead county). Individuals can utilize private insurance, Medicaid/Medicare, or self-pay (on a sliding scale dependent on income) to pay for services. They also offer financial assistance to aid with transportation costs for eligible clients to their Forrest City and Jonesboro locations. The program was helped for two years through a grant from the Arkansas Department of Human Services and its State Targeted Response (STR) to the Opioid Crisis until April 2019. Since that time, the program has received funding from the Arkansas State Drug Director's State Opioid Response grant.

Many patients experience issues accessing employment and housing due, in part, to criminal charges. Unfortunately, studies have revealed a direct connection between joblessness and OUD. When the unemployment rate rises by just one percent in a given U.S. county; the opioid death rate rises by an average of 3.6 percent, and emergency room visits by 7 percent. For people suffering from OUD; joblessness can start a vicious cycle. Being unemployed often triggers a mental depression, and opioids have been shown as strong relievers of depressive symptoms.<sup>36</sup> Another study found that

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<sup>36</sup> Alex Hollingsworth & Christopher J. Ruhm & Kosali Simon, 2017. "Macroeconomic conditions and opioid abuse," *Journal of Health Economics*. Retrieved from <https://doi.org/10.1016/j.jhealeco.2017.07.009>

nearly half of working age men in the United State who are not in the workforce use at least one type of opioid pain reliever.<sup>37</sup> These studies confirm what was bore out from years of research-unemployed individuals are more likely to use drugs that full-time workers.<sup>38</sup>

Legal Aid can help by sealing criminal records where possible. This would open up opportunities for employment, funding for schooling, and housing.

### **Out of the Dark**

Out of the Dark is a volunteer community involvement group that seeks to educate others about drug issues facing the community. Based in Craighead county, Out of the Dark started in 2008 to address the impact of drug addiction, particularly opiates and heroin, on northeast Arkansas. The goal of the organization is for local community members to invest in services and programs to address the needs of those affected by OUD and SUD. By using the “Local Level Up” model; Out of the Dark aims to create a program that is easily duplicated by other counties and communities across the state. The purpose is to connect people in need with existing services in the community. The “Local Level Up” model divides the organization into six standing committees that are intended to capture the different sectors and components of a community- business/industry, education, medical/mental health, civic services, public safety, faith based. Each of these committees are responsible for marshaling a community response to the opioid crisis through involvement of external collaborators, such as healthcare professionals, local businesses, churches, and law enforcement. For example, the organization offers education to law enforcement and first responders on the use of Narcan. Other services include working with local businesses to employ those with previous criminal drug convictions, and connecting individuals who might be in need of food or housing with a local food bank, church or shelter. Out of the Dark also operates a prevention and young leaders training program in local schools. Out of the Dark School Chapter has 17 chapters across all 8 public school districts in Craighead county. The program was designed to educate young people about the dangers of drug use after a 2008 study showed Arkansas ranked first in the nation for teens misusing pain narcotics.

Members of Out of the Dark encounter issues involving housing, record sealing, custody and guardianship issues. Currently, none of the community education the provide has a civil legal component. However, given the cross section of diverse collaborators; the organization is primed to incorporate this type of service and information. Further, by serving as a resource and community connection for people and their families suffering from OUD; they would be an excellent partner for Legal Aid to serve as an access point to those individuals. They could provide brochures or other

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<sup>37</sup>Dews, F. “How the Opioid Epidemic has Affected the U.S. Labor Force, County-by-County.” Retrieved from <https://www.brookings.edu/blog/brookings-now/2017/09/07/how-the-opioid-epidemic-has-affected-the-u-s-labor-force-county-by-county/>

<sup>38</sup>Badel, A. and Greaney, B. “Exploring the Link Between Drug Use and Job Status in the U.S.” Retrived from <https://www.stlouisfed.org/publications/regional-economist/july-2013/exploring-the-link-between-drug-use-and-job-status-in-the-us>

materials about Legal Aid and the services provided, incorporate our work into their existing committee structure, and educate the community as a whole about the need for civil legal aid to be an integral part of the collective response to the opioid crisis.

### **Black River Area Development Corporation**

BRAD is a Community Action Agency and the grantee for BRAD Child Development Programs which includes Head Start, Early Head Start, Arkansas Better Chance, State pre-k and after school care programs. They serve children from birth to five years of age. Centers are located in Pocahontas in Randolph County and Walnut Ridge in Lawrence County in the LAROCA service area. Centers are also located in Clay and Cleveland County. Their mission is to close the achievement gap by focusing on positive child and family outcomes; resulting in a better future for children, families and communities. BRAD asserts that there is a prevalent need in their service area to plan for support and services for families to fight high rates of substance abuse in the service area, particularly in response to increasing rates of opioid abuse. They also report that the number of children in foster services has increased by 26% and 6% of all households are headed by grandparents raising grandchildren.<sup>39</sup>

### **Consortium Member Focus Groups**

Our consortium partners provided opportunities to speak individually with OUD/SUD patients/clients. These discussions led to two key discoveries:

- Individuals often do not realize they have an issue with substance use until they have a negative encounter with the legal system. For example, one individual in his twenties has been consistently using opioids from age 15. It was not until the mother of his child raised custody issues in court did he become aware that his opioid use led to behaviors that raises legitimate questions about his ability to raise a child.
- Some individuals willing shared their OUD experience with Legal Aid without any knowledge of what Legal Aid is and what services we provide, let alone how civil legal aid is a significant resource in recovery.

Consortium members were asked to reach out to clients and other contacts in the community to gauge interest in participating in focus groups. Our goal was to incorporate feedback from three primary groups: those in recovery from OUD, family members impacted by OUD, and mental health/substance abuse professionals. By hearing from these different perspectives; we were able to gain different insights and opinions into which civil legal aid services would be most helpful. The focus at the MidSouth Health Systems in Pocahontas (Randolph county) was exclusively for mental health and substance abuse professionals. Our questions aimed to get responses about what specific factors to their area drive OUD, drug use trends among their clients, and what feedback they receive about the legal needs of their clients. They were able to provide us with a professional analysis from an objective viewpoint about the needs of their clients and families. For example, their opinion on a local factory well known for hiring people with drug convictions wasn't entirely positive. While families and people in recovery talked glowingly about this employer; the counselors at MidSouth

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<sup>39</sup> Black River Development Corporation Child Development Programs: Annual Report 2017-2018. Retrieved from <https://www.bradkids.com/wp-content/uploads/2018/12/Annual-Report-2017-2018.pdf>

spoke about the challenges of having so many former drug users employed at the same facility. Unfortunately, many of their clients often experienced setbacks after being employed there. While they were thankful for the employer's willingness to hire individuals with drug convictions; they also noted it was an important factor to know because they also viewed it as a potential problem for their clients. If we had not spoken to clinicians who work in substance abuse recovery; we would not have gained this insightful and revealing viewpoint.

The focus group conducted at Black River Area Development Corporation (BRAD) allowed us to hear from individuals in recovery from OUD, and family members impacted by a loved one's opioid use. This included several people who were caring for the grandchildren because their parents were either in active drug use or incarcerated. It also included an individual whose spouse was actively using. All of these individuals either had children or grandchildren who attended a Head Start program operated by BRAD. We were able to learn what lead those in recovery to begin seeking treatment, and the grandparents were able to share what legal services they used (or still needed) in order to gain guardianship or custody of their grandchildren. Beyond just providing much needed feedback about the opioid crisis in northeast Arkansas; this particular focus group seemed to serve a much larger purpose. Unfortunately, many of the people utilizing BRAD's services, particularly Head Start, have been impacted by the opioid crisis. By bringing together people with such different lived experiences on the issue; it sparked a conversation that was helpful to both those in active recovery, and the grandparents and spouses who were still in the middle of the chaos and hardship of their loved one's addiction.

### **Focus Group 1**

In addition to one-on-one interviews with OUD/SUD patients at treatment facilities, LAROCA conducted a focus group at the Black River Area Development Corp. (BRAD) in Pocahontas, located in Randolph County (see Addendum II for focus group questions). The group included fourteen individuals: six were in recovery, four were OUD/SUD, three were custodial grandparents of children whose parents are in recovery, and one is a spouse of an individual suffering from OUD/SUD.

Individuals in recovery reported:

- Losing custody of their children at one point (5 out of 6).
- A mother delayed her treatment due to lack of child care during rehabilitation.
- Gains made at rehabilitation were unsustainable because the criminal record renders them homeless and unemployed.
- Some parents with OUD/SUD lose custody due to allegations of child abuse and neglect, some of whom get placed on the Child Maltreatment Registry, barring opportunities for employment.

Participating counselors observed the same legal and logistical issues enumerated by the individuals above. In addition, they raised the issue of children of parents with OUD/SUD needing therapy.

The three grandparents either were seeking custody/guardianships or had already gotten guardianship of their grandchildren. One grandparent had the grandchildren but did not have a guardianship or custody agreement for their grandchildren and did not know the process of getting one. The other two

grandparents had gone through private attorneys, which cost one grandparent over \$3000 and the other grandparent \$10,000. The grandparents also had issue with benefits, such as Medicare and SNAP benefits for the children and they were unsure of how to get those benefits.

## **Focus Group 2**

Another focus group occurred at Mid-South Health Systems in Pocahontas with two Licensed Professional Counselors (LPCs) and an Intern Student working on her Master's Degree (see Addendum III for focus group questions). When asked what helps people seek treatment, the response was someone ends up in jail, referrals from drug court, and the impact on loved ones. That would include mending relationships, dealing with legal issues that not only users face, but their families as well.

The providers noted several changes over the last few years in regards to substances used by their clients. They noted an uptick in the number of heroin users, which one counselor at least partially attributed moving into the area from other parts of the country. Another noted the prevalence of poly-substance users among his client base. He noted that his clients may have started off misusing pills, then gradually begin using meth and heroin intravenously. The staff was in agreement that this progression of use happens because of the lack of treatment services in the area. The closest suboxone outpatient treatment service is almost 45 minutes away; making that option nearly impossible for low economic clients. The counselors also reported that among their clients seeking treatment for OUD; many of them have experienced more than one overdose. "With my opioid clients; most of them have overdosed more than once. With other drugs it seems like there usually isn't more than one. I have several clients who have overdosed numerous times and needed Narcan. That shows how strong the addiction is. Nearly dying once wasn't enough to make them seek help. I think opioids are the most addictive thing a person can be on" said one treatment provider. The same individual also noted that the physical withdrawal symptoms from opioids are particularly difficult, and how her clients admitted that continued use was at times partially out of fear from the ravages of those physical symptoms.

In 2015, Arkansas passed the Naloxone Access Act that allowed healthcare professionals to prescribe and dispense naloxone to first responders and law enforcement officials by standing order. In 2017, Arkansas passed a new law that expands the Naloxone Access Act, which allows licensed pharmacists in Arkansas to order, dispense, and administer naloxone without a prescription. This allows family members and friends of individuals suffering from OUD/SUD to obtain naloxone without a prescription.

Earlier this year, the state passed Arkansas Act 964, which requires all health insurers including Medicaid to remove prior authorization to FDA-approved medications that have been shown to aid in the treatment of opioid addiction. This law also prohibits insurers from imposing any other requirement other than a valid prescription and compliance with the MAT guidelines issued by the Substance Abuse and Mental Health Services Administration under the US Department of Health and Human Services. Naloxone is also covered by most insurance providers in Arkansas.

When asked what they thought drove people to addiction, and particularly about the rural areas of northeast Arkansas; the group noted several different but connected themes. "There is a lot of trauma

among people in this area. Especially for people with lower economic means, and eventually people will try to find a way away from that sh\*\*, and they turn to things like drugs, and in this area that's meant opioids and heroin," said one. "And when you combine that with a lack of resources and just nothing to do, then you can have a real problem. People start looking for an escape," said another. One thing that the group said has been helpful over the last several years is the downturn in opioid prescriptions that are being written by local doctors. Individuals needing consistent pain management now must go to a specialized pain clinic rather than their local physician.

In discussing what treatment works for helping individuals with OUD, all three individuals said that a holistic approach would be best meaning that throughout treatment and recovery, not only should focus be on keeping individuals substance-free and maintaining recovery, but also addressing issues that were caused by the addiction. "It's important to treat the whole person. And unfortunately, around here, we don't have the capacity to do that. In larger cities they might have access to mental health counseling, MAT, social services, and legal help, but in a rural community like ours, either we don't have the ability to help with that, or it's all very spread out and sporadic," said one participant.

When asked about the most common legal needs that their clients face; the participants identified domestic abuse and child guardianship. "My female clients are often in a kind of limbo when it comes to getting their children back. Maybe they're out of jail and in recovery, and doing better, but they don't really know where to start or what to do about getting their kids back," noted one participant. Another counselor followed up with a story about a client facing custody issues as well. "Just yesterday I met with a client who is working with DHS about getting their children back. And it's very distressing for them. They feel like they're really just being mowed over, and they said they really felt like they needed to find a lawyer to help them. And of course, from my perspective, I'm worried that that situation is going to cause a relapse, but there's only so much I can do. I can't help with that directly. I'm not qualified," he said.

All new clients coming into any clinic at MidSouth is given a diagnostic assessment- a questionnaire to ascertain needs and overall wellbeing. While part of that assessment does include questions about current and past legal issues; it is focused mainly on criminal issues, not civil legal needs. The intake worker will go through any previous or currently pending criminal charges. However, those questions do not strike at things like custody issues, access to public assistance or housing. "Right now we don't really have a way to screen for those things. We don't learn about those others issues until further, sometimes much further into the process, when we're talking about stressors. And I already refer a lot of my clients to Legal Aid when they talk about these things. I have no idea if it's things that you all can help with, but I tell them to call anyways. It'd be nice if we could offer that sooner and make it a real part of recovery and services" said one participant.

Individuals in rural areas are also more likely to face legal issues because treatment facilities are limited. In urban areas, treatment and rehab facilities have transitional housing to ease an individual back into society and since rural areas do not have this, it increases the chances of possible setbacks and subsequently more legal issues arise.

When asked what legal issues they see their patients face, the response was domestic issues, custody/guardianship issues, and assistance with DHS. One LPC stated that drugs are usually a coping mechanism when dealing with legal issues.

To get a deeper understanding of the issues presented by our consortium partners, we sought the bird's eye view by (1) consulting the Legal Services Corporation (LSC) Opioid Task force, and (2) liaising with stakeholders and representatives of existing service systems. LSC is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans. LSC is a key funder of Legal Aid of Arkansas and most civil legal aid programs.

**LSC Opioid Task force** (The Task force). LSC frames the opioid epidemic as a public health crisis that “physically and psychologically cripple individuals and destroy family connections.” They conclude that legal services as “critical recovery resources alongside medical treatment.” Their findings on the issue are consistent with the qualitative data provided by our consortium members:

- Civil legal issues frequently associated with OUD/SUD are child support/child custody/guardianship, health benefits, domestic violence, housing, employment, and child abuse and neglect.
- Despite legal aid's impact in helping individuals and families dealing with opioid-related disorders, there remains a significant gap in awareness regarding the prevalence of civil legal issues associated with the epidemic and the role civil legal aid providers can play in addressing those issues.
- Many organizations responding to opioid-related disorders are unaware not only of the issues facing individuals and families affected by the opioid epidemic, but also of their legal rights.

In response, LSC formed an Opioid Task Force comprised of a diverse group of LSC grantees, health care and public health experts, judges, business leaders, and other stakeholders. The primary goals of the Task Force are to:

- Educate public health officials and treatment providers about the legal obstacles patients face in obtaining and remaining in treatment;
- Educate judges, law enforcement officials, child welfare workers, and employers about the civil legal issues connected to medication-assisted treatment for opioid-related disorders;
- Engage with public health officials, treatment providers, and others to promote a comprehensive model of recovery that includes legal aid attorneys as resources for individuals and families affected by the opioid epidemic; *and*
- Provide a forum for study and discussion of potential best practices for engaging legal aid attorneys in the recovery process, and identify and make recommendations to promote such practices.

LAROCA's strategy and actions are informed, in part, by the Task force. Legal Aid's Executive Director, LAROCA's Project Director and Staff track their publications and findings as research material. In November 2019, Legal Aid's Executive Director and Project Director attended the National Legal Aid & Defender Association (NLADA) Conference in Detroit where a Task Force representatives trained attendees on how to educate and engage public health officials, judges, law enforcement officials, child welfare workers, and employers on civil legal issues.

At the NLADA conference, LAROCA's Project Director briefly met with Brandon George, Director of Indiana Addiction Issues Coalition (IAIC) and a member of the LSC Opioid Task Force to discuss ways to engage Arkansas legal aid attorneys in the recovery process. Brandon is in long-term recovery

from substance use disorder and opioid use disorder. IAIC advocates for addiction recovery through public policy and education. Brandon has agreed to come to LAROCA's symposium in Jonesboro, AR on January 29 to give the perspective of individuals who have lived the OUD/SUD experience and the different points at which legal aid has an opportunity to contribute in one's recovery. Brandon's experience echoes the anecdotal reports from consortium members. He was arrested multiple times as a teenager for drug related offenses. He dropped out of high school, watched friends die and go to prison, and by the time he was 21 he had multiple DUIs. Eventually, he ended up homeless, sleeping in the laundry room of an apartment building.

**State Agents.** LAROCA staff connects with the state agencies working on the opioid epidemic to identify gaps in the response and opportunities for Legal Aid to contribute.

1. **Meeting with the Attorney General's Office.** Arkansas is one of several states participating in discussions regarding the tentative settlement with OxyContin maker Purdue Pharma over its role in the country's opioid crisis. State Attorney General Leslie Rutledge is actively participating in talks alongside other states' representatives who hope to hold Purdue and its owners "accountable for their role in misleading and deceptive conduct in the opioid crisis." Approximately 2,000 local governments are represented in the agreement, which would require Purdue Pharma to file for structured bankruptcy. It would pay out over time as much as \$12 billion.

The meeting was to raise awareness on legal aid as a critical recovery resource and to ensure that when resources become available, the shared client community, will have the resources they need to navigate the civil justice system as a consequence of OUD/SUD impact.

As a first step to securing resources for LAROCA's civil legal needs, the team invited the AG's Office to present at the January 29 symposium on the opioid litigation and potential settlement. They have agreed to come and present on topic. Consortium members and members of the general public impacted public by OUD/SUD will be at the symposium, giving an opportunity to strategize on how to address their civil legal needs.

2. **Annual AR Opioid Summit.** On November 16, 2019 LAROCO staff attended the eight Arkansas Prescription Drug Abuse Prevention Summit hosted by Attorney General Leslie Rutledge hosted the 2019. There, the team learned the different state efforts and support systems in place at Arkansas. Of particular note is the presentation from the State Drug Director, the DEA's Office, and the State Opioid Response Coordinator. The strategy of their programs advocates for compassion from different sectors of the community when engaging with the OUD/SUD population. The LAROCA team briefly presented to them the roadblocks in delivering the civil legal needs of OUD/SUD impacted individuals and families and asked to work together in finding solutions to the opioid crisis in Arkansas. They, too, have agreed to present at the January 29 symposium with emphasis on how legal aid is a critical and missing part in helping OUD/SUD in recovery.

Despite LSC's Opioid Task force articulation of the critical role that civil legal aid in recovery, LAROCA is experiencing difficulty in getting legal aid attorneys on-board. The common view is that opioid is not the issue among our client community but crystal meth. In bringing speakers to the

symposium from the LSC Task force, especially from the perspective of an individual with lived experience in addiction in recovery, the State Drug Director, representative from the DEA’s office, and the State Opioid Response Coordinator, the hope is to educate our legal aid attorneys of the enormity of the opioid crisis and the fact that it has hit home. The desired outcome is to ignite legal aid attorneys to invest their expertise in the conversation of how civil legal aid can strategically fit in the statewide effort to assist the OUD/SUD population in treatment and recovery.

- a. *Assess findings for service systems, including summary of existing efforts for prevention, treatment, and recovery; availability and access to care; assets and opportunities; and gaps and constraints. Estimate prevalence of and demand for OUD services. Identify existing and possible federal, state, and local resources that can be leveraged.*

As stated before, the service area is limited in treatment facilities. Some counties only have one treatment facility for the whole county while Poinsett County has none.

**Table 9.** OUD-related health and social services in the target area

Service Indicators	Randolph	Greene	Mississippi	Poinsett	Craighead	Lawrence	Sharp
Facilities providing substance abuse services	1	1	2	0	5	1	2
Facilities providing some Medication Assisted Treatment	0	0	0	0	2	0	0
Facilities providing all Medication Assisted Treatment	0	0	0	0	0	0	0
Providers licensed to administer buprenorphine	0	2	3	0	12	0	1
Syringe exchange programs	0	0	0	0	0	0	0
Distance to nearest SSP	155.86	162.6	186.6	194.38	182.17	163.15	144.14
Distance to nearest substance abuse facility providing MAT	32.86	19.6	27.21	24.88	11.25	30.31	39.17

At first glance, some counties have a high number of mental health providers, but when you take into account the number of individuals, who do not have health insurance, are living in poverty, and unemployed, a significant number of individuals cannot afford to go to these mental health providers.

**Table 10.** Number of Mental Health Providers

County	Number of Mental Health Providers
Randolph	12
Greene	82
Mississippi	41
Poinsett	67
Craighead*	385
Lawrence	39
Sharp	27

**Table 11.** Population by health insurance coverage, poverty level, and unemployment

County	Without Health Insurance			Poverty			Unemployment		
	County <sup>40</sup>	State	National <sup>41</sup>	County <sup>42</sup>	State <sup>43</sup>	National <sup>44</sup>	County <sup>45</sup>	State <sup>46</sup>	National <sup>47</sup>
Lawrence	11.8	12.3	9.8	18.4	17.2	11.8	3.9	3.5	3.6
Sharp	14.1	12.3	9.8	23.3	17.2	11.8	4.8	3.5	3.6
Randolph	12.3	12.3	9.8	20.9	17.2	11.8	4.0	3.5	3.6
Greene	10.6	12.3	9.8	15.9	17.2	11.8	3.5	3.5	3.6
Poinsett	15.9	12.3	9.8	21.4	17.2	11.8	3.8	3.5	3.6
Craighead	12.3	12.3	9.8	18.3	17.2	11.8	3.1	3.5	3.6
Mississippi	12.4	12.3	9.8	25.6	17.2	11.8	5.7	3.5	3.6

<sup>40</sup> amfAR. (2019). Arkansas Opioid Epidemic: Percent of People without Health Insurance [Data file]. Retrieved from <http://http://opioid.amfar.org/AR>

<sup>41</sup> Health Insurance Coverage: Early Release of Estimates From the National Health Survey, 2018. National Center for Health Statistics. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201905.pdf>

<sup>42</sup> Welfare Info. Compare Poverty Rate Among Arkansas Counties. Accessed October 30, 2019. <https://www.welfareinfo.org/poverty-rate/arkansas/compare-counties>.

<sup>43</sup> Erin Duffin. Statista, September 2019. Poverty Rate in Arkansas 200 - 2018. Retrieved from <https://www.statista.com/statistics/205430/poverty-rate-in-arkansas/>

<sup>44</sup> Jessica Semega et al., Income and Poverty in the United States: 2018. United States Census, September 2019. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-266.pdf>

<sup>45</sup> amfAR. (2019). Arkansas Opioid Epidemic: Percent of People Without Health Insurance [Data file]. Retrieved from <http://http://opioid.amfar.org/AR>

<sup>46</sup> Unemployment Rate in Arkansas. U.S. Bureau of Labor Statistics, Federal Reserve Bank of St. Louis (September 2019). Retrieved from <https://fred.stlouisfed.org/series/ARUR>

<sup>47</sup> United States Unemployment Rate. Trading Economics. October 2019. Retrieved from <https://tradingeconomics.com/united-states/unemployment-rate>

**Table 12.** Number of medical practitioners who have a Drug Enforcement Administration waiver to prescribe buprenorphine

County	DEA-Waivered Physicians
Randolph	0
Greene	2
Mississippi	2
Poinsett	0
Rural Track Area in Craighead	0
Lawrence	0
Sharp	0

The lack of access leads to more individuals relapsing because they may not have access to treatment facilities and as a result have more or more frequent legal issues.

*b. Assess findings for workforce, including assessment of available relevant workforce, areas of workforce shortage, necessary competencies to provide OUD services, estimated service demands, and gaps in the workforce. Identify proposed EBPs and necessary capacity building. Identify resources that can support ongoing workforce development.*

The legal issues identified through the interviews and focus groups are the following: domestic issues including custody/guardianships and possibly orders of protection, access to housing and jobs, access to state benefits, and record sealing. The service area for LAROCA includes the following counties: Lawrence, Sharp, Randolph, Mississippi, Greene, and parts of Craighead and Poinsett counties.

Legal Aid of Arkansas has nine offices throughout the state and serves thirty-one (31) counties. The Jonesboro office serves every county in the service area with the exception of Sharp County. For orders of protections four attorneys are available to handle orders of protections for the six counties. Two attorneys from the Jonesboro office are available to handle custody/guardianship cases in the six counties. For Sharp County, one attorney handles Orders of Protection and one attorney handles custody/guardianships for that county. There is one attorney in the Jonesboro office that handles record sealing/expungement cases and housing, and one attorney that handles state benefit and employment cases.

Some of the above mentioned attorneys especially those that handle domestic relations cases, are dealing with a large number of cases and are limited on the cases they are able to accept. Most if not all opioid users will face these legal issues and the number of attorneys that can provide assistance through Legal Aid is limited.

*c. Priority setting will inform the strategic plan. Describe the strategy for building concurrence within the consortium and among stakeholders for setting priorities. Describe priority needs, issues, feasibility, and possible strategies to address these priorities.*

Legal Aid will schedule meetings with consortium members to discuss priorities. Priority needs are leveraging current federal and state OUD resources, determining what LAROCA can do to let individual who face these legal issues know Legal Aid exists and the assistance we can offer, and providing education resources to current service and treatment providers about Legal Aid that will assist opioid users.

Determining what LAROCA can do to inform individuals of what assistance Legal Aid can offer and provide education resources for service and treatment providers is very feasible with the input of consortium members. PSAs and meetings with consortium members are possible strategies to address the priority needs.

## **E. Discussion/Conclusion**

Best practices for treatment and recovery must include civil legal aid. Individuals suffering from OUD/SUD find themselves unable to care for their children, estranged from their children, homeless, unemployed, burdened by consumer debt, and in dire need of public benefits. These are legal issues that come with legal solutions. Low-income individuals need free attorneys to navigate the complex civil justice system to address these stressors that get in the way of their treatment and recovery. The need is greater in rural communities where the number of attorneys is alarmingly low and their homes are remote from treatment and recovery facilities. Low-income individuals suffering OUD/SUD in rural areas are most vulnerable because the negative stigma around addiction and overdose deaths is different than other diseases. Impacted individuals and families tend to exist in isolation, not asking for help. The value judgment around addiction results in reticence in individuals in positions to help.

### Needs Analysis Key Findings:

1. The OUD/SUD population and organizations serving them do not recognize that some of the significant problems they face are legal in nature so they do not seek appropriate help.
2. A significant portion of the OUD/SUD population do not have the knowledge or resources to handle the legal issues they face.
3. The OUD/SUD population and organizations serving them are not aware of the ways in which Legal Aid can help with their legal issues and how to access Legal Aid services.
4. The statewide response to the OUD/SUD epidemic focuses on saving lives, prosecution, and providing emotional support to their families, leaving civil legal services out of the equation.
5. The number of individuals with OUD/SUD needing legal services exceeds the current capacity of legal aid attorneys positioned to respond.
6. Stigma diverts resources away from low-income individuals with OUD/SUD, including resources in the legal community.

### Education and Outreach

An OUD/SUD-specific legal aid program should initially fill in the gaps in awareness within the OUD/SUD population and organizations providing them services regarding: (a) legal issues commonly faced by the OUD/SUD population, (b) how civil legal aid can assist with these legal issues, and (c) how to access civil legal aid services tailored for the OUD/SUD population.

### Collaboration

An OUD/SUD-specific legal aid program is a missing piece in the statewide response to the opioid epidemic in Arkansas. The state leads in the effort of **saving lives** through its biannual Arkansas Prescription Drug Take Back Day, Naloxone kit program, Arkansas Alcohol and Drug Abuse Coordinating Council, and Community Advisory Councils throughout the state, and an Education Portal for physicians, nurses and other medical professionals. Support groups such as Grief Resources After Substance Passing (GRASP) abound for families needing **emotional support** from other individuals with common lived experience. An effective OUD/SUD-specific legal aid program needs to be plugged in to these existing systems of support and made easily accessible.

### Increased Capacity

The OUD/SUD population needs civil legal aid attorneys. In Arkansas, there are two legal aid programs, Legal Aid of Arkansas and the Center for Arkansas Legal Services. Statewide, Legal Aid has approximately 60 attorneys to handle 30,000 requests for help with domestic violence and custody, housing, consumer protection and public benefits. There is approximately one Legal Aid attorney for every 18,000 Arkansans qualified for assistance, compared to one attorney for every 450 residents. Arkansas has the lowest number of attorneys per capita in the nation, with only 81 private attorneys located in the area of focus, which covers over 3,500 square miles. Legal Aid served 751 primary clients in the grant specific area in 2018. Further analysis needs to be made to determine how many of the clients served are of the OUD/SUD population, and of the number of low-income OUD/SUD population who qualify for services with unmet civil legal needs. A Kaiser Family Foundation study shows a quarter of uninsured nonelderly adults with OUD were living in poverty and more than a third (35%) had incomes 100-200% of the Federal Poverty Level. Transposing that to the service area, an ASPE Research Brief shows that individuals under 200 percent of poverty are 2.1% more likely to have misused opioids in the past 12 months than those above that level. Starting December 2nd, Legal Aid will screen all intakes for OUD/SUD to hopefully get a grasp on the percentage of clients impacted. Our current projection is that, program-wide, to address the need, Legal Aid will need to add an additional 5 attorneys and one support staff.

Legal Issues that our OUD/SUD population face are complex. LAROCA is reviewing these complex issues and processes to find opportunities to educate and serve in a compassionate fashion, bearing in mind the knowledge shared by our partners in the community. *See* Addendum 1 for a detailed description of a sampling of the complex issues and process that the OUD/SUD population face and where civil legal aid attorneys can help.

## **ADDENDUM I: Legal Issues for the OUD/SUD Population**

Generally speaking, an individual can lose custody of their children in three ways: DHS removes a child(ren) from the home, an ex-spouse or parent petitions for a change in custody, or someone files for guardianship.

### DHS

A DHS case can be initiated in a variety of ways. Someone can call the Child Abuse Hotline and report abuse or neglect and DHS will investigate and determine whether there is abuse or neglect. A DHS case can be initiated by a mandatory reporter, such as a doctor or teacher. One individual in the Black River Focus Group stated that she took drugs before she went to the hospital to give birth. In that case, when the doctor noticed that this individual was on drugs, the doctor contacted DHS.

When DHS removes a child from the home, the parent(s) will receive a copy of the paperwork that has been filed with the court. If a family is low income, then that family is entitled to be appointed free legal representation. There are several steps in an abuse/neglect case. The case usually starts when the DHS files a petition alleging that a child has been abused or neglected. The court will then enter an Order of Emergency Custody if DHS requests the child be removed from the home. For this Order to be entered, the Petition will be accompanied by an affidavit setting forth the reasons the relief is requested in detail. The proof will have to show that there is probable cause to believe that immediate emergency custody is necessary to protect the health and physical well-being of the child from immediate danger for the Court to enter this Order.

After the Order of Emergency Custody is entered, a hearing will be set by the Court to be held within five business days of the issuance of the emergency order to determine if probable cause to issue the emergency order continues to exist. This is called the probable cause hearing. At this point the Court can return the child to your care or order the child to stay in custody pending an Adjudication hearing.

The Judge will decide the case based on the facts presented, applying Arkansas law. A caseworker from the DHS will be present as the petitioner, and represented by an attorney from the Office of Chief Counsel. The child's interest will be represented by a Guardian Ad-Litem, who will be an attorney paid for by the state, and in some cases, a Court Appointed Special Advocate (CASA), may be involved in the case.

The Adjudication hearing is held to determine whether the allegations in the original petition are substantiated by the proof. This hearing shall be held within thirty days of the probable cause hearing, but can be continued for thirty additional days for good cause shown on the motion of any party. The burden of proof at this hearing will be on DHS and there must be proof by a preponderance of the evidence. At this stage the child could remain in foster care, returned to a parent's care, or possibly placed with a relative. If the Court finds the child to be abused and/or neglected then family services will probably be ordered.

DHS will provide services in an effort to cure the cause for the removal of the child and reunify the family. An individual may be ordered to undergo drug testing, parenting training, and a psychological evaluation among other things. A parent will also be provided some type of visitation with the child. This will all be part of a case plan that is created to reunify the family.

After the adjudication hearing, the case will be scheduled for review by the court every six months until a final order has been entered in the case. The hearings may be held more often than that at the request of the parties or by order of the Court.

A permanency planning hearing shall be held twelve months after the child enters an out-of-home placement. At this hearing, the Court can return the child to a parent's care if that is found to be in the child's best interest, order DHS to continue reunification efforts, place the child with a relative or guardian without proceeding with termination, or authorize DHS to file a petition to terminate a parent's parental rights.

If a petition to terminate parental rights is ultimately filed, then the proof at that hearing will be by clear and convincing evidence. If parental rights are terminated, then that individual will have no more contact with the child and he/she will likely be put up for adoption.

An individual may have to go to several court hearings during the case so that the Judge can listen to information presented from all the parties and decide what will happen.

#### Petitioning for Change in Custody

Any parent may petition for a modification of custody. For the Court to order a modification in custody, the parent petitioning for the modification must show that a material change in circumstances has occurred since the last entry by the Court regarding custody.

Once a material change of circumstances is proven, then the Judge would have to decide who should have custody, with the sole consideration being the best interest of the child.

Some of the factors the judge will look at when deciding what is in the children's best interest for both custody are moral fitness, stability, love and affection, and the children and their special needs.

For moral fitness, the judge will consider the integrity, character, compassion, and habit of sobriety of both parents as well as any religious training parents provide to the children. The judge will also look to the relationship of a parent's new partner, if they have one, and consider any acts of domestic violence that either parent was involved in. Courts frown upon any drug use and excessive alcohol use as well as living with a person of the opposite sex to whom a parent is not married. When considering stability, the court looks at the living arrangement and frequency of moves of both parents as well as which parent is more likely to allow frequent contact with the other parent. The court weighs the contact with the non-custodial parent heavily.

When considering love and affection, the judge will look at the attention given to children, discipline, each parent's attitude towards education and general social attitudes, as well as who has been the primary caregiver of the children. The judge may also consider which parent the child wants to live

with, depending on the age and maturity of the child. Other factors the court considers in determining custody are the children's age, sex and any health conditions.

### Filing for Guardianship

To file for guardianship, an individual must first file a Petition with the court asking to be appointed guardian. A guardian protects the well-being and interests of a child (the ward) when the natural parent(s) cannot. The parent(s) of the child can consent to the guardianship or the court may appoint an individual as guardian. Generally, there is a preference for the natural parent of the children; however, the overriding concern the court considers is what is in the best interest of the child. If the parents do not consent to the guardianship whomever is filing for guardianship will have to present evidence to the court about why the children should be with them and not the natural parent(s).

When an individual asks the court to become a minor's guardian, they must show: (1) the person who needs a guardian is a minor; (2) a guardianship is desirable to protect the minor's interests; (3) you are a suitable guardian. To be qualified as a guardian, an individual must be a resident of the state, eighteen years old, and of sound mind. Previously a potential guardian could not be a felon, but a recent change in law allows for convicted and unpardoned felons to serve as guardians if they are a relative or fictive kin. Fictive kin is defined as a person not related to a child by blood or marriage, but who has a strong positive emotional tie to the child and has a positive role in the child's life, such as godparent, neighbor, or family friend.

At the Black River Focus group, there was concern about guardianships for some members. In cases where a parent does not consent to a guardianship, the individual filing for guardianship must essentially prove the natural parents are unfit. This can cause problems among family members for obvious reasons when essentially the goal of the guardianship in many cases is for children to have a stable home until a parent can get back on their feet.

All three of the above custody situations can result in a permanent loss of custody and in the case of DHS, a termination of parental rights. Individuals suffering from OUD can encounter an issue with custody while actively using and while going through treatment and recovery. Legal Aid can provide assistance through direct services for the modification of custody and guardianship cases. Legal Aid does not provide full representation in DHS cases since the state provides funding for the appointment of certified parent counsel. We can provide education materials to treatment facilities and family members of those suffering from OUD so people understand what the implications are of custody modifications and guardianships are. Consortium members have said that keeping a relationship with their children helps individuals through recovery.

### Record Sealing

In Arkansas, asking the Court to seal a criminal record is called Petition and Order to Seal. In order to get a criminal record sealed, an individual must have been sentenced under a law that allows for a criminal record to be sealed. Before a court will seal an individual's criminal record, that person must have completed all terms and conditions of probation and pay any fines or costs that were part of your sentence.

In addition, some records cannot be sealed until five years after the imposed sentence. Those crimes are nonviolent felonies, negligent homicide if it was a Class A misdemeanor, driving while

intoxicated, battery in the third degree, indecent exposure, public sexual indecency, sexual assault in the fourth degree, and domestic battery in the third degree. Other misdemeanors and felonies may be sealed immediately. The following records cannot be sealed: a sexual offense in which the victim was under the age of eighteen, a felony in which an individual spent any time in the Arkansas Department of Corrections, a Class Y Felony, a Class A or B felony that was not a drug offense, manslaughter, an unclassified felony with a maximum sentence that was more than ten years. and a violent felony.

Sealing a criminal record makes it easier for an individual to find employment or housing. During an interview for a job or when looking for housing, an individual who has their record sealed can legally state that they have not been convicted or arrested for a crime if asked.

Legal Aid can provide direct services to assist individuals in record sealing as well as education materials. As stated previously, some records can be sealed immediately and some records cannot and individuals suffering from OUD do not necessarily know what the process is for sealing records or what records may be sealed.

### Domestic Abuse

In dealing with domestic abuse, an individual can seek an Order of Protection. An Order of Protection is a court order that prevents an alleged abuser from contacting the alleged victim and prevents the alleged abuser from coming to the alleged victim's home or workplace. To get an Order of Protection, a petitioner must allege domestic abuse against themselves or someone else if filing on someone's behalf. Domestic abuse is defined as physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury, or assault between family or household members or any sexual conduct between family or household members that constitutes a crime. An Order of Protection can last anywhere from ninety days to ten years.

An individual can obtain an Order of Protection if they are a victim of domestic abuse which under the statute is physical harm, bodily injury, etc. or the threat of physical harm, bodily injury, etc. An Order of Protection cannot be obtained by individual that is alleging neglect of a child. Neglect is a custody issue. Legal Aid can not only assist in direct services to obtain the Order of Protection, but also provide education materials on grounds for an Order of Protection and provide information on the proper remedy if a case is not subject to the Domestic Abuse Statute, i.e. a case where only neglect and not abuse has been alleged.

## **ADDENDUM II: Black River Area Development Corporation (BRAD) Focus Group**

**Date:** October 17, 2019

**Interviewees:** Individuals in OUD/SUD Recovery/Impacted Family Members

**Interviewers:** Matt Henry, Legal Aid of Arkansas

Nikki Clark, Legal Aid of Arkansas

**Focus:** To gain insight from individuals who have experienced OUD and the impact it has had on their family members. To discover what civil legal services may assist individuals and their families.

### **Questions:**

1. What, in your opinion, constitutes inappropriate use of prescription opioids?
2. What are some factors specific to you and this community that lead to misuse of prescription opioids?
3. Why or under what circumstances did you or others you know begin misusing prescription opioids?
4. What role did family play in your drug misuse and addiction?
5. Is there a history of addiction in your family?
6. Is there anything you think is working well to keep people from abusing opioids?
7. What specific things would be helpful to you as you are/were dealing with a family member suffering from OUD/SUD?
8. What resources or support would be most helpful to you and your family?
9. Can you tell us about any encounters you or your family has had with the judicial system because of OUD/SUD?
10. Other than in a criminal proceeding, has there been a time where legal advice/representation would have been helpful to you or your family?
11. Have you or your children ever been victims of domestic abuse?
12. Have you ever been denied housing or any other public assistance? If so, why?
13. Are you or your family facing any issues currently where legal advice/representation might be helpful?
14. If there were money available to fight the opioid epidemic, what would make the biggest impact? What is needed most?
15. Is there anything else you think is important for us to know?

### **ADDENDUM III: Mid-South Health Systems Focus Group**

**Date:** November 7, 2019

**Interviewees:** Mental health professionals and substance abuse counselors

**Interviewers:** Matt Henry, Legal Aid of Arkansas

Nikki Clark, Legal Aid of Arkansas

**Focus:** To gain firsthand knowledge from mental health and substance abuse counselors about the impact of OUD/SUD on their clients. To discover connections between mental health and OUD/SUD, trends among clients, what resources are needed to combat the opioid crisis, and how civil legal aid can help their clients.

#### **Questions:**

1. What opiates are your clients using? Are there any patterns or changes over time?
2. Based on what clients tell you, what do you think drives overdose?
3. What has been your experience with overdose in your workplace?
4. Have you identified anything that helps people seek treatment?
5. What treatments do you see as most effective for opiate addiction? Why?
6. What type of non-criminal legal issues do your clients face?
7. Do you have any system in place that screens for the legal needs of your clients currently?
8. Do you offer any type of information or referral to your clients who express a need for legal advice or representation?
9. Have you ever referred a client to Legal Aid or Central Arkansas Legal Services? If so, do you know the outcome of their referral?
10. Is there anything else that you think it's important for us to know?