

AGENDA
Task Force on Substance Abuse Treatment Services
Task Force on Substance Abuse Prevention
Meeting Jointly

Tuesday, September 23, 2014

09:00 AM

Room 171, State Capitol
Little Rock, Arkansas

Legislative Members

Sen. Joyce Elliott, Chair
Sen. Missy Irvin, Chair
Sen. David Burnett
Sen. Jonathan Dismang
Sen. Stephanie Flowers

Rep. Deborah Ferguson, Chair
Rep. Jeremy Gillam
Rep. Stephen Magie
Rep. Stephanie Malone
Rep. Micah S. Neal
Rep. Matthew J. Shepherd
Rep. Sheilla E. Lampkin, ex officio
Rep. Henry "Hank" Wilkins, IV, ex officio

Non-Legislative Members

Mr. Dennis Amaral
Ms. Michelle Anderson
Ms. Teresa Belew
Mr. Casey Bright
Ms. Kimberly Brown
Ms. Diane Bynum
Ms. Deb Crawford
Ms. Jackie Dedman
Dr. Moses Ejiofor

Ms. Joy Figarsky
Mr. Fred Harvey
Ms. Jessica Hestand
Ms. Joy Laney
Ms. Michelle Moore-Rather
Mr. Gary Morgan
Ms. Lisa Ray
Mr. Gary Rhodes
Mr. Cephus Richard

Reverend William Robinson
Ms. Susan Rumph
Ms. Otistene Smith
Mr. Max Snowden
Mr. Steve Varady
Mr. George Weaver
Ms. Jill Weinschke
Mr. Victor Werner
Ms. Bonnie White
Mr. Hank Wilkins, V

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- A. Call to Order
 - B. Approval of Minutes:
 - 1. October 29, 2013 Task Force on Substance Abuse Treatment Services **[Exhibit B-1]**
 - 2. October 29, 2013 Task Force on Substance Abuse Prevention **[Exhibit B-2]**
 - C. Arkansas Prescription Drug Summit Summary **[Exhibit C]**
 - Ms. Nelda Barnard, Program Coordinator, Office of the Drug Director
 - D. Discussion of the Rescheduling of Hydrocodone Combination Products
 - Dr. Scott Pace, Chief Operating Officer, Arkansas Pharmacists Association
 - E. Update on Arkansas Prescription Monitoring Program
 - Mr. Robert Brech, Chief Financial Officer, Arkansas Department of Health
 - Dr. Scott Pace, Chief Operating Officer, Arkansas Pharmacists Association
 - F. Funding Substance Abuse Prevention Programs
 - Ms. Paula Stone, Asst. Clinical Director, Department of Health, Division of Behavioral Health Services
 - G. Discussion of future agenda items
 - H. Other Business
 - I. Adjournment

Notice: Silence your cell phones. Keep your personal conversations to a minimum. Observe restrictions designating areas as "Members and Staff Only"

TASK FORCE ON SUBSTANCE ABUSE TREATMENT SERVICES

October 29, 2013, 10:00 a.m.

Room 130, State Capitol, Little Rock, Arkansas

Meeting Minutes

The Task Force on Substance Abuse Treatment Services met on Tuesday, October 29, 2013 in Room 130 at 10:00 a.m., in the State Capitol, Little Rock, Arkansas.

Task Force on Substance Abuse Treatment Services Legislative members attending were:

Senator Joyce Elliott, Senator Stephanie Flowers, Representative Deborah Ferguson, and Representative Henry "Hank" Wilkins, IV. Also in attendance was Representative Jeremy Gillam was also in attendance.

Non-Legislative members attending were: Diane Bynum, Gary Morgan, Kimberly Brown, Dennis Amaral, and George Weaver.

Senator Elliott called the meeting to order.

Approval of Minutes from the December 10, 2012 meeting

The minutes were approved as submitted.

Election of Chair

Representative Wilkins, IV, made a motion to elect Representative Deborah Ferguson as House Co-Chair of the Task Force on Substance Abuse Treatment Services. Representative Flowers seconded the motion. The motion carried. Representative Flowers made a motion to re-elect Senator Joyce Elliott as Senate Co-Chair of the Task Force on Substance Abuse Treatment Services. Representative Wilkins, IV, seconded the motion. The motion carried.

Review of 2012 Task Force Recommendations

Seek new funding resources to expand treatment capacity including Expansion/Reimbursement Parity to Medicaid; Continued funding of SATS; Reimbursement Parity within the Health Information Exchange between Substance Abuse and Mental Health Services; and Support Drug Courts

- Concern about how the Affordable Care Act's (ACA) Medicaid plans will affect the state's Medicaid reimbursement Parity and Access to Recovery (ATR) services.
- Target funding issues that negatively impact the Arkansas Department of Human Services reimbursements for Episodes of Care.
- Need a funding stream to keep drug courts opened and their continuum of providing treatment services.
- Concern about the only juvenile drug courts that remain open are run by private grants.
- Important to keep a workforce of personnel who are highly trained with the insurance billing process and provide high quality treatment of care.
- Medicaid will not reimburse Mental Health Professionals for certain services who do not hold IC & RC credentials, which are as highly qualified as Mental Health Professionals who are IC and RC credentialed.

Continue Accountability and Quality Improvements

- Concern that not all transitional houses are licensed.

Support a Treatment Continuum of Care

- How do we demonstrate sustaining drug abstinence.
- Substance Abuse and Mental Health Services Administration's (SAMSA) Access To Recovery (ATR) grant provided services to individuals recovering from addiction as they transition back into the community. The grant will no longer be available at the end of September 2014.

Revise Involuntary Commitment Laws

- The Mental Health Council of Arkansas is working with the Division of Behavioral Health Services legal counsel toward unity between hospital policy and state laws regarding hospital emergency rooms refusing to provide medical care for substance abuse users.

Support Advocacy

- Need a statewide awareness campaign addressing chemical addiction as a treatable illness.

Future Agenda Items

- Invite DHS/Medicaid Division to speak on Medicaid policy/insurance issues
- Invite the Arkansas Insurance Commissioner's Office to speak on insurance requirements
- Invite Division of Behavioral Health Services regarding agency accountability and quality improvements
- Invite drug court staff to address family support services and continuum of care
- Invite Arkansas Department of Community Correction to speak on their budget and fund distribution
- Invite Prison officials to speak on drug treatment and mental illness programs in prisons
- Invite Law Enforcement to speak on Substance Abuse training, how they recognize mental illness and addiction users
- Invite Division of Children and Family Services to speak on children with Fetal Alcohol Syndrome Disorder

Meeting adjourned at 11:45 a.m.

DRAFT MINUTES

TASK FORCE ON SUBSTANCE ABUSE PREVENTION

November 29, 2013

The Task Force on Substance Abuse Prevention met Tuesday, November 29, 2013, at 1:00 p.m. in Room 130, at the State Capitol, Little Rock, Arkansas.

Task Force on Substance Abuse Prevention Legislative member attending was:

Representative Jeremy Gillam and Senator Missy Irvin. Representative Deborah Ferguson, Representative Henry “Hank” Wilkins, IV, and Representative Eddie Armstrong were also in attendance.

Non-legislative members attending were: Otistene Smith, Alicia Nepl (*for Joy Laney*), Max Snowden and Hank Wilkins, V.

Representative Gillam called the meeting to order.

CONSIDERATION OF THE JUNE 6, 2012 MINUTES

Approval of minutes from the December 10, 2012, Task Force on Substance Abuse Prevention meeting was made without objection.

ELECTION OF CHAIR

Representative Gillam made the motion to elect Senator Missy Irvin to Chair the Task Force on Substance Abuse Prevention. The motion carried.

REVIEW OF 2012 TASK FORCE RECOMMENDATIONS

Discussion on Task Force Recommendations for State Legislation:

- Task Force members discussed how essential to remind the legislature the importance of maintaining 100% of the Arkansas Tobacco Settlement funds to be used for communities in rural areas, schools, tobacco prevention, prescription drug abuse prevention, and Fetal Alcohol Syndrome Disease prevention.
- Continue support enforcement to seize driver licenses of minors in possession and how it’s impacting the juvenile justice system.
- Remain consistent with opposing legalizing marijuana as it relates to the Controlled Substance Act (CSA)

Discussion on Task Force Recommendations for State Agency Programming Policy and/or Practices:

- Schools who participate in the APNA survey are being recognized with an awards certificate.
- Send an executive director’s memo to Dr. Tom Kimbrell requesting his support to encourage schools to support APNA.
- Utilize the State Capitol building to display banners promoting prescription drug abuse awareness.
- Schools in rural areas around the state who apply for competitive grants have difficulty receiving those funding.

- Make recommendations to the Arkansas State Medical Board, Arkansas State Board of Nursing, and Arkansas State Board of Pharmacy regarding prescription drug abuse awareness.

DETERMINING GOALS AND PRIORITIES TO BE INCLUDED IN THE TASK FORCE REPORT TO THE GENERAL ASSEMBLY

Discussion:

- Expand legislation to require public warning signs regarding FASD at the point of sale of alcohol in stores, restaurants and bars.
- Continue legislation to reinstate the authority of law enforcement to seize driver's license of all underage individuals charged with Minor in Possession.
- Create a task force subcommittee to research marketing ideas and funding streams to support prevention awareness.
- Review how emergency rooms track individuals using their facility to obtain prescription drugs.
- How to educate parents and Day Care centers on keeping prescription drugs out of reach of small children.

DISCUSSION OF FUTURE AGENDA ITEMS

- Invite hospital administration to discuss pain protocol.
- Ms. Nepl will research which schools across the state are promoting tobacco and drug prevention awareness.
- Ms. Nepl and Mr. Wilkins, V, will work together to develop ideas on promoting awareness at the State Capitol during the Fiscal Legislative Session.
- Ms. Smith will report to the next task force meeting regarding APNA survey and ideas on how to communicate to Federal delegation regarding contracts.

Meeting adjourned at 2:20 p.m.



**Arkansas Prescription Drug Abuse Summit
September 10, 2014**

Sponsoring Agencies (listed alphabetically) - 17

- | | |
|--|---------------------------------------|
| Arkansas Alcohol and Drug Abuse Coordinating Council | Arkansas Attorney General's Office |
| Arkansas Department of Health | Arkansas Department of Human Services |
| Arkansas National Guard Counterdrug Program | Arkansas Office of the Drug Director |
| Arkansas Prescription Drug Monitoring Program | Arkansas State Board of Nursing |
| Arkansas State Board of Pharmacy | Arkansas Medical Board |
| Criminal Justice Institute, UA System | Delta Regional Authority |
| FBI National Academy, Arkansas Chapter | Gulf Coast HIDTA |
| National Association of Boards of Pharmacy Education | U. S. Drug Enforcement Administration |
| University of Arkansas for Medical Sciences | |

Attendees – 516 (Does not include attendees who did not sign in or complete a course registration verification form. Does not include presenters, panelists, conference staff/volunteers)

Agencies Represented - 207

Attendee Breakdown/Rank by Profession

1. Pharmacy	122
2. Law Enforcement	117
3. Nursing	54
4. State Government	35
5. Substance Abuse Treatment and Prevention	33
6. Social Workers	24
7. Students	22
8. Legal/Attorneys	19
9. Misc. Medical	17
10. Physicians/MDs	15
11. Juvenile Officers	8
12. Educators	5
13. Dentists	4
14. Veterinarians	4
15. Other & Not Specified	37
Total	516

Professional Development Training Credits Offered – 15

AGENCY	PROFESSIONALS SERVED
ADH EMERGENCY MEDICAL SERVICES PERSONNEL LICENSING	Certified Emergency Medical Services Personnel
ARKANSAS BOARD OF EXAMINERS IN COUNSELING	LAC, LPC, LAMFT, LMFD (individual, family, marriage, group therapists, counselors)
ARKANSAS COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING	Certified Law Enforcement Officers
ARKANSAS DEPARTMENT OF EDUCATION	Educators and Administrators
ARKANSAS PREVENTION CERTIFICATION BOARD	Certified Prevention Professionals
ARKANSAS SOCIAL WORK LICENSING BOARD	LSWs, LMSWs, LCSWs
ARKANSAS SOCIETY FOR PUBLIC HEALTH EDUCATION	Certified Health Education Specialists
ARKANSAS STATE BOARD OF DENTAL EXAMINERS	Dentists
ARKANSAS STATE BOARD OF EXAMINERS OF ALCOHOLISM AND DRUG ABUSE COUNSELORS	Drug Counselors
ARKANSAS SUBSTANCE ABUSE CERTIFICATION BOARD	Substance Abuse Treatment Professionals
ARKANSAS SUPREME COURT / CLE BOARD	Licensed Attorneys
ARKANSAS VETERINARY BOARD	Veterinarians
CENTER FOR DISTANCE HEALTH, UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES	Nurses
UAMS COLLEGE OF MEDICINE	Physicians and other healthcare professionals
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF PHARMACY	Pharmacists

Attendees in these professions were eligible to receive up to 6 .0 hours of continuing education credit.

Topics / Presenter(s) / Agency:

The Face Behind the Facts: When Prescription Drugs Get Personal

Jennifer Bryan, Executive Director, Hannah Pregnancy Resource Center

Addiction Pearls

Jay Weiss, M.D., Medical Director, Palmetto Addiction Recovery Center

What to Expect in a Residential Treatment Facility

Darren Davis, Chief Operating Officer, Palmetto Addiction Recovery Center

Current Pharmaceutical Abuse and Diversion Trends

Marc Gonzalez, Pharm.D., President, California Chapter, National Association of Drug Diversion Investigators

Community Response to Prescription Drug Abuse

Laurie A. Reh, BS, M.Ed, CPC, Arkansas Region 1 Prevention Service Representative, Alternative Opportunities/Decision Point, Inc.

Hayse Miller, B.S.E., CPC, Arkansas Region 8 Prevention Service Representative, Family Service Agency

This is Your Brain on Adolescence

Ken C. Winters, Ph.D., Director, Center for Adolescent Substance Abuse Research, University of Minnesota

Addressing Opioid Dependency

Carlos Roman, M.D., Chief of Pain Management, St. Vincent Infirmiry, Chair of Arkansas State Medical Board Pain Committee

Inside the Mind of the Drug User

Joseph E. Keil, Deputy, Manitowoc (WI) County Sheriff's Department

Rx Abuse and the Importance of Local Conditions: Digging Deeper

Carlton Hall, Deputy Director of Training and Technical Assistance, National Coalition Institute, Community Anti-Drug Coalitions of America (CADCA)

Opiate Nation

Stephen Loyd, M.D., F.A.C.P, Acting Chief of Medicine, Quillen College of Medicine, East Tennessee State University

Completed / Returned Evaluations - 396

Average Rating of Summit Overall - 4.62 (of highest possible 5)

Percentage of Evaluations Which Received "5" and "4" – 93.68%

Evaluation Ratings of Summit Overall (highest possible 5)

<u>Rating</u>	<u>Number</u>	<u>Percentage</u>
5 – Excellent	250	63.13%
4 – Very Good	121	30.55%
3 – Good	8	2.02%
2 – Poor	1	0.25%
1 – Very Poor	0	0.00%
Incomplete	4	.04%

Sample Written Comments on Evaluations

"Please continue this program. Very informative. I have attended every one so far. It would be a great loss if this summit is discontinued".

- Pharmacist

"Very informative summit. The information will be helpful in promoting awareness and educating the community about prescription use and misuse."

- Regional Prevention Representative

"Very good speakers with vital information for law enforcement. Different ways for law enforcement to look at substance abuse. A great conference and should be continued."

- Law Enforcement

"Loved the break-out sessions. One of the best summits so far. High quality training. Keep up the good work!!"

- Drug Court Counselor

"Repeat annually till needed no more!"

- Pharmacy Educator

Contact: Steve Varady, Policy Coordinator
Office of the Drug Director
501-618-8693
steve.varady@asp.arkansas.gov



ARKANSAS DEPARTMENT OF HEALTH

Arkansas Prescription Monitoring Program “Enhancing Patient Care For All Arkansans”

Denise Robertson, P.D.

AR PMP Administrator

ADH, Center for Health Protection
Pharmacy Services




September 2013: signed memorandum of use
with the National Association of Boards of
Pharmacy

As of September 2014, we actively share data with
the following 11 states:

Colorado	Indiana	Kansas
Louisiana	Minnesota	Mississippi
Nevada	New Mexico	S. Carolina
S. Dakota	Utah	

PMP Users As of September 2014

MD	1812
DO	141
DPM	20
PA	124
APN	667
OD	4
DDS	298
DVM	9
RPH	1873
LE/RB	48
Total	4996



PMP Statistics

As of September 2014:

Controlled substance prescription records in the database	15,400,000
Prescriber queries	647,000
Dispenser queries	267,000
Law Enforcement queries	210
Regulatory Board queries	354

STATE OF ARIZONA DEPARTMENT OF CORRECTIONS

- * From March 2013 through March 2014
- * Law Enforcement made 125 queries
 - * 16 arrests
 - * 2 convictions
 - * 21 queries led to the opening of other cases
 - * More than 20 cases still pending

2010/2014 DATA

Therapeutic Class	Number of Rxs	Total Quantity
Narcotic Analgesics	2,672,658	172,482,649
Benzodiazepines	833,196	49,507,446
Sedatives	532,517	17,256,241
Stimulants	172,300	6,910,850
Muscle Relaxers	126,800	9,002,826



Denise Robertson

Denise Robertson, P.D.

PMP Administrator

4815 West Markham Street Slot 25 Little Rock,

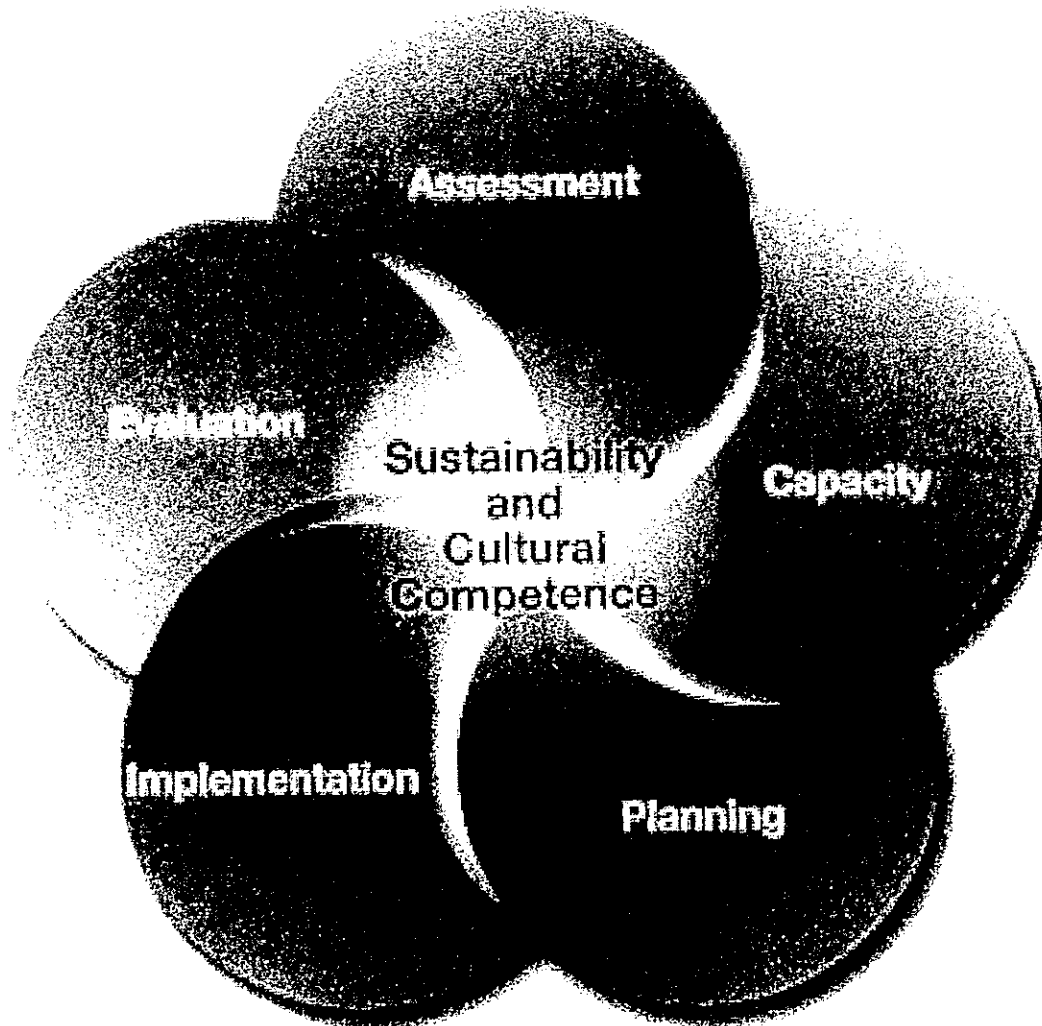
Arkansas 72205-3867

501-683-3960

501-661-2769

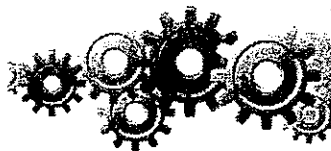
denise.robertson@arkansas.gov

The Strategic Prevention Framework



1. Assessment—profiling population needs, resources, and readiness to address the substance abuse problems and gaps in prevention service delivery
2. Capacity—mobilizing and building capacity to address substance abuse prevention and intervention needs
3. Planning—developing a comprehensive substance abuse prevention plan
4. Implementation—implementing evidence-based programs, policies, and infrastructure development activities
5. Evaluation—monitoring, evaluating, and sustaining these prevention efforts

Each of these steps should incorporate cultural competence and sustainability.



EFFECTIVE PREVENTION STRATEGY

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP) SIX PREVENTION STRATEGIES*

There are six prevention strategies that address risk behaviors (e.g., alcohol/drug use, suicide, etc.) and increase resiliency. This list is known as CSAP effective prevention strategies. A community planning team decides which strategies best meet its needs to address the issue or problem. Communities at different levels of readiness may want to use different strategies. A community at the beginning stages of readiness may use strategies one and two (information and education). After the community is ready to address issues on a deeper level, other strategies may be selected. Community efforts are most effective when a combination of strategies are used together.

#1 INFORMATION DISSEMINATION

This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. [Note: Information dissemination alone has not been shown to be effective at preventing substance abuse.]

Examples: resource centers; pamphlets, posters, and flyers; motivational events/speakers; newspaper/newsletter articles; radio and television public service announcements (PSAs); community resource directory; health fairs and wellness gatherings; informational Web sites; and media campaigns

#2 EDUCATION

This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., critically analyzing media messages), and systematic judgment abilities.

Examples: classroom and small group sessions, peer leader and peer helper programs, education programs for youth groups, community and volunteer workshops, groups for children experiencing distress, life skills (e.g., bully prevention, conflict resolution, refusal skills, etc.), peer-to-peer mentoring/teaching, parenting and family management classes

#3 ALTERNATIVE ACTIVITIES

This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to—or otherwise meet the needs usually filled by—alcohol and drugs and would, therefore, minimize or obviate resort to the latter. [Note: Alternative activities alone have not been shown to be effective at preventing substance abuse, but do lend themselves to building protective factors, resiliency, and developmental assets.]

Examples: community service activities, youth centers and community drop-ins, intergenerational events and celebrations, culturally based activities, social and recreational activities, recognition events, leadership activities, mentoring programs, and job shadowing/internships.

#4 COMMUNITY-BASED PROCESS

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Examples: coalitions, collaborations, or wellness teams; needs assessments and community readiness surveys; youth/adult partnerships addressing community issues; efforts to decrease barriers to service (e.g., provide scholarships, transportation, childcare); community team building; and cross-systems planning (e.g., schools, health, police).

#5 PROBLEM IDENTIFICATION AND REFERRAL

This strategy aims to identify those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

Examples: driving while intoxicated education program, students and employee assistance programs, depression and mental health screening programs, alcohol information schools, crisis lines and hotlines, and nicotine use and addiction screenings.

#6 ENVIRONMENTAL

This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Examples: establishing policy/practice, enforcement/judicial, norms and attitudes, public perceptions, school norms, media strategies, and responsible vendor education.

*Information adapted from Center for Substance Abuse Prevention (CSAP). *Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms*. National Clearinghouse for Alcohol and Drug Information. 1993. by 2011–13 PFP fellows.

Program Name	Region	Program Type	Type of Service	Total Amount Funded
Alternative Opportunities, Inc.	1	Substance Abuse Prevention	RPP-Prevention Services	\$ 110,000.00
Health Resources of AR	2	Substance Abuse Prevention	RPP-Prevention Services	\$ 239,840.00
Crowleys Ridge Dev Council	3	Substance Abuse Prevention	RPP-Prevention Services	\$ 239,840.00
Harbor House, Inc.	4	Substance Abuse Prevention	RPP-Prevention Services	\$ 110,000.00
Conway Cty Comm Services	5	Substance Abuse Prevention	RPP-Prevention Services	\$ 170,406.00
Phoenix Youth & Family Services	6	Substance Abuse Prevention	RPP-Prevention Services	\$ 170,406.00
University of Arkansas Medical Sciences-UAMS	7	Substance Abuse Prevention	RPP-Prevention Services	\$ 170,406.00
Family Service Agency	8	Substance Abuse Prevention	RPP-Prevention Services	\$ 110,000.00
Arkansas Hurman Development Corporation	8	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Blytheville Middle School	3	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Boys and Girls Club of Benton County	1	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Boys and Girls Club of Benton County	1	Substance Abuse Prevention-PFS	PFS-PSP	\$ 50,000.00
Bridging the GAPS of Arkansas	7	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Cedar Ridge School District	2	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
City of Crossett	6	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
City Youth Ministries	3	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Community Alternative Prevention	7	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
CrossRidge Community Hospital	3	Substance Abuse Prevention-PFS	PFS-PSP	\$ 50,000.00
Curtis & Wilson Work Ethics Solutions, Inc.	6	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Fort Smith Round Table Inc.	3	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Gartrell Alumni Association	8	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Generations of Faith	7	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Harrisburg School District	3	Substance Abuse Prevention-PFS	PFS-PSP	\$ 50,000.00
Healing in the Hood, Inc.	3	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Healing in the Hood, Inc.	3	Substance Abuse Prevention-PFS	PFS-PSP	\$ 50,000.00
Life Skills For Youth	8	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Madison County Health Coalition	1	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Madison County Health Coalition	1	Substance Abuse Prevention-PFS	PFS-PSP	\$ 50,000.00
Mineral Springs School District	7	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00
Ministry of Intercession/Bridge 2 Success	8	Substance Abuse Prevention-PFS	PFS-YLD	\$ 15,000.00