

This annual programmatic progress report covers activities and data related to the Arkansas State Opioid Response (SOR-IV) (2025) SAMHSA/CSAT award to the Arkansas Department of Human Services (DHS); award number 1H79TI087824-01 Revised.

For the period of October 1, 2024, to September 29, 2025, please respond to the following:

1. Provide updates on key personnel, budget, or project changes (as applicable).

The following updates have been made regarding key personnel, budget, or project changes:

- a. Point of Contact change: Donna Little, [donna.little@dhs.arkansas.gov](mailto:donna.little@dhs.arkansas.gov), 501-251-6388
2. Describe progress on achieving goals and objectives and implementing evaluation activities.
    - a. Prevention: Opioid Reversal Agent/Naloxone Saturation – This project pursued the goal of maximizing positive health behavior and substance use prevention outcomes throughout the State of Arkansas through the saturation of the opioid reversal agent, naloxone, to ensure all 75 counties achieve over 100% saturation for the span of three years. This project provided naloxone via targeted distribution by mail, bulk shipment drops to regional prevention providers, staging areas with strategic partnerships around the state, and event-based dissemination of resources. Agreements to provide naloxone and track saturation data within the State of Arkansas have been executed during this reporting period. This project also included web-based education about the dangers of opioid misuse and naloxone training in both English and Spanish with public access.
    - b. Prevention: Infrastructure – This project pursued the goal of strengthening prevention infrastructure by identifying barriers and expanding service capacity. The identification of barriers was done through two separate surveys, the *Drugs of Misuse* survey and the *Resource Dissemination* survey, given to prevention providers in the State of Arkansas. Based on these surveys, educational materials have been fully developed for the 13 most relevant and requested Drugs of Abuse (DOA). A desk guide of these materials, *The Index of Misused Drugs*, is in development. Evidence-informed training opportunities, such as *Beamer's Buddies*, were made available to a range of prevention staff to increase awareness, reduce stigma, and strengthen local prevention infrastructure.
    - c. Prevention: Collegiate Initiatives – This project pursued the goal of maximizing positive health behaviors and substance use prevention outcomes throughout the State of Arkansas by strategically partnering with higher education providers to reach students through the Arkansas Department of Higher Education (ADHE) as the central coordinating body. Proposals were solicited from Arkansas colleges and universities for the development of collegiate prevention and recovery projects. Technical assistance related to campus-based recovery programs was made available to potential higher education applicants. Proposed activities, catering to the unique needs and circumstances of each campus community included evidence-based prevention strategies, peer-led

recovery programs, training, and awareness initiatives for students, faculty, and staff. Data on activities was collected through pre and post surveys, event registrations, head counts, information distributed, and participant sign-in sheets.

- d. Treatment: Provider Development and Education - This project pursued the goal of enhancing the knowledge base for the workforce to better support individuals at risk or with OUD or SUD, families, and the community in prevention, treatment, and recovery support through training, consultation, and evaluation. Action taken to meet this expectation includes equipping providers, community organizations, and justice system partners with training, technical assistance, and resources that support the adoption of evidence-based practices aligned with prevention, treatment, and recovery of opioid use disorders (OUD) and stimulant use disorders (SUD).
- e. Treatment: Hub and Spoke - This project pursued the goal of expanding access to treatment for OUD and other concurrent substance use disorders by enhancing provider knowledge of MAT through utilizing a hub-and-spoke model and strengthening treatment capacity across the State of Arkansas. The enhancement of provider knowledge was done through video conferences with community health clinics regarding treatment of OUD and SUD. To strengthen treatment capacity, in-person or telemedicine consultations with either participants or a participant and their provider were conducted. Ten treatment programs, including 3 Outpatient Treatment Programs (OTPs), enrolled as spokes, which exceeded the project's initial expectations.
- f. Treatment: Maternal Health – These projects pursued three different goals during this reporting period: the goal to decrease severity of social determinates of health which negatively impact overall wellness of participants in Specialized Women's Services programs, the goal to enhance the knowledge base for the workforce to better support individuals at risk or with an OUD, families, and the community, and the goal to work with Arkansas Division of Children's and Family Services (DCFS) to develop braided funding for Substance Use Services programs. Two of these goals, decreasing the severity of social determinates of health and braiding funding with DCFS, were addressed by providing individuals with an opportunity to participate in a model that combines an innovative, evidence-based treatment modality with best practices in substance abuse treatment. All three Arkansas SWS providers in four programs across the state agreed to participate in the pilot of this treatment modality which exceeded the expectation of having at least one provider by the end of this reporting period. This project is currently in the implementation process, and readiness assessments have been completed on all participating providers. The goals of decreasing the severity of social determinates of health and enhancing the knowledge base for the workforce were tackled in the provision of direct services tailored to the unique needs of expectant recipients, including education regarding maternal medical equipment, substance use information, and primary care knowledge. A needs assessment was completed to focus on the

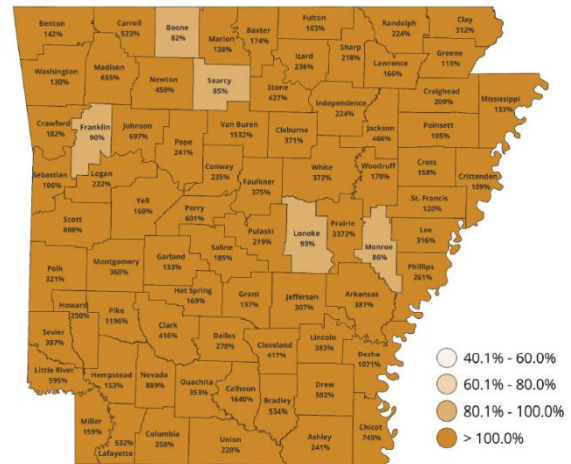
treatment barriers for participants in Specialized Women’s Services programs. An online toolkit was developed from this needs assessment to address barriers identified and is currently accessible to all SWS providers as well as the public.

- g. Treatment: Justice Involved Individuals - This project pursued the goal of reducing relapses and overdoses for reentering individuals. A program offering medication-assisted treatment (MAT) was offered to individuals who are diagnosed with opioid use disorder (OUD) and are in a community corrections treatment program. These programs offer educational sessions, drug testing, counseling, medication for opioid use disorder (MOUD), naloxone, and case management to participants to reduce relapses and overdose rates within the State of Arkansas.
- h. Treatment: Youth and Young People - This project pursued the goals of enhancing the substance use services knowledge base for the workforce and moving towards ongoing sustainability for substance use disorder services along a full continuum. The knowledge base was enhanced by training applicable staff in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) method for early identification of substance misuse. To support the full continuum of care, an intervention program and peer recovery support services were provided to individuals in a youth detention center.
- i. Recovery: Recovery Community Organization Development - This project pursued the goal of working towards Recovery Community Organizations (RCOs) being the centralized custodians for the peer recovery support workforce in the community. DHS partnered with an organization during this reporting period who serves as a coordinating body for designated RCOs as well as promoting direct peer recovery services through a hub-and-spoke model.
- j. Recovery: Specialty Court - This project pursued the goal of reducing relapses and overdoses for justice-involved individuals by sustaining care for and investing in stabilization and recovery initiatives within the continuum of care. This goal has been met, though the service work is ongoing. Currently, 25 peer workers are employed within 19 Specialty Courts within the State of Arkansas.
- k. Recovery: Recovery Housing Affiliate Development - This project pursued the goal of moving towards ongoing sustainability for substance use disorder services along a full continuum of substance use disorders for the State of Arkansas by increasing the number of National Alliance of Recovery Residences (NARR)-certified recovery residences in the state. Over the reporting period, additional recovery residences in the state successfully achieved NARR certification, reflecting continued expansion of certified recovery housing options. To ensure continued and sustainable progress, an Arkansas-based organization must first become accredited by NARR, enabling the organization to certify recovery residences across the state using the NARR Quality Standards. The accreditation process for Arkansas Alliance of Recovery Residences (AARR) is ongoing.

- l. Recovery: Stability - This project pursued the goal of moving towards ongoing sustainability for substance use disorder services throughout Arkansas by advancing peer recovery support services as an established and professionally recognized element of the full continuum of care. Through this project, peer workers have the opportunity for a no-cost transition from an Arkansas-based core-level credential to a National Credentialed Peer Recovery Support Specialist (NCPRSS) through NAADAC, The Association for Addiction Professionals (NAADAC).
  - m. Recovery: Continuum of Care - This project pursued the goal of expanding access to treatment for OUD and other concurrent substance use disorders by providing virtual strategies to increase the capacity of prevention, treatment, and recovery services. This goal was achieved and is ongoing with 24/7 access to eRecovery platforms available to Arkansans that enables individuals to stay engaged in their recovery programs.
  - n. Data Collection: Survey Center for GPRA Collection - This project pursued the goal of moving towards ongoing sustainability for substance use disorder services along a full continuum of substance use disorders for the State of Arkansas by contracting with an outside provider to gather GPRA survey intake, follow-up, and discharge data to improve the state's report to SAMHSA regarding progress toward grant requirements. This project has been executed and is ongoing.
  - o. Evaluation: Survey Analysis Center - This project pursued the goal of moving towards ongoing sustainability for substance use disorder services along a full continuum of substance use disorders for the State of Arkansas by contracting with an outside provider to perform a program evaluation. This evaluation has been active since the inception of this reporting period for all areas of focus and remains ongoing.
3. Describe progress on implementing required activities, including accomplishments, challenges and barriers, and adjustments made to address these challenges.
- a. Prevention: Opioid Reversal Agent/Naloxone Saturation - In addressing the required activity of continuum of care services, End Overdose has committed itself to ending drug-related deaths by providing education, medical intervention and public awareness events. Education opportunities included naloxone training courses offered both online and in-person, available in either English or Spanish. Distribution of naloxone kits is this vendor’s route of medical intervention. End

Naloxone Training Type	Total Number Trained
Online	324
In-Person	7,427
<b>Total</b>	<b>7,751</b>

Overdose disseminated **30,776 naloxone kits** and 4,500 drug-checking test strips to 24 types of recipients within the State of Arkansas during this reporting period. In the [2024 SOR Needs Assessment](#), it was found that 61 of 75 (81%) Arkansas counties had reached 100% saturation of overdose reversal medications. With the support of two providers managing naloxone distribution and data analysis, **70 of Arkansas’s 75 counties (93%) reached full saturation** by the end of the SOR IV Year 1 reporting period. **Of the five remaining counties, all five are above 80% saturation.** Public awareness efforts for End Overdose came through the form of events, social media, direct correspondence, and advertising. These efforts combined **reached 23,072,676 individuals who received 55,037 education materials**, which included information on recognizing the signs and symptoms of overdose, instructions for accessing online training, and general overdose prevention messaging.



- b. Prevention: Infrastructure - In addressing the required activity of implementing prevention and education services, University of Arkansas at Little Rock-MidSOUTH (MidSOUTH) has supplied evidence-informed training sessions which align with national best practices, including those outlined by SAMHSA, to improve knowledge of opioid misuse, overdose recognition, and naloxone administration. These **sessions hosted**

Training Name	Method	Number of Attendees
Neurobiology of Addiction/Substance Use Disorder	Virtual	18
Substance Specific Training	In-Person	22
Grant Writing	In-Person	12
Beemer’s Buddies	Virtual	14
Teen Intervene	Virtual	11
<b>TOTAL</b>		<b>77</b>

**77 total** prevention specialists, grant managers, counselors, and other attendees, educating them on a variety of prevention-related topics. To identify barriers faced by this workforce, which delineated the topics that would be used for the training sessions, two surveys were sent to prevention providers for their input. Findings from the *Drugs of Misuse* survey indicated limited knowledge among respondents regarding Gamma Hydroxybutyric Acid (GHB), U-

47700 (U4), synthetic cathinones (bath salts), carfentanyl, and xylazine. Results from the *Resource Dissemination* survey showed strong interest in both available resources: *Operation Parent Handbooks* (English and Spanish), and the *Name That Drug Game Wheel*. MidSOUTH procured and distributed *Operation Parent Handbooks* to the

prevention providers during this reporting period. MidSOUTH was also able to **purchase and distribute 3,166 Naloxone Kits** during this reporting period.

- c. Prevention: Collegiate Initiatives - In addressing the required activity of implementing prevention and education services, the Arkansas Department of Higher Education (ADHE) served as the central coordinating body for the project by soliciting activity proposals from collegiate programs, developing an evaluation process for selection of proposals, distributing funds, and managing all other aspects of the project. The activity proposal was posted on ADHE’s website and distributed to all members of the Arkansas Collegiate Network and the Chief Financial Officers of participating institutions. At the request of several universities, the application deadline was extended to accommodate

additional time for internal administrative approvals. Ultimately, **six (6) proposals were approved** across five (5) institutions. Additionally, ADHE

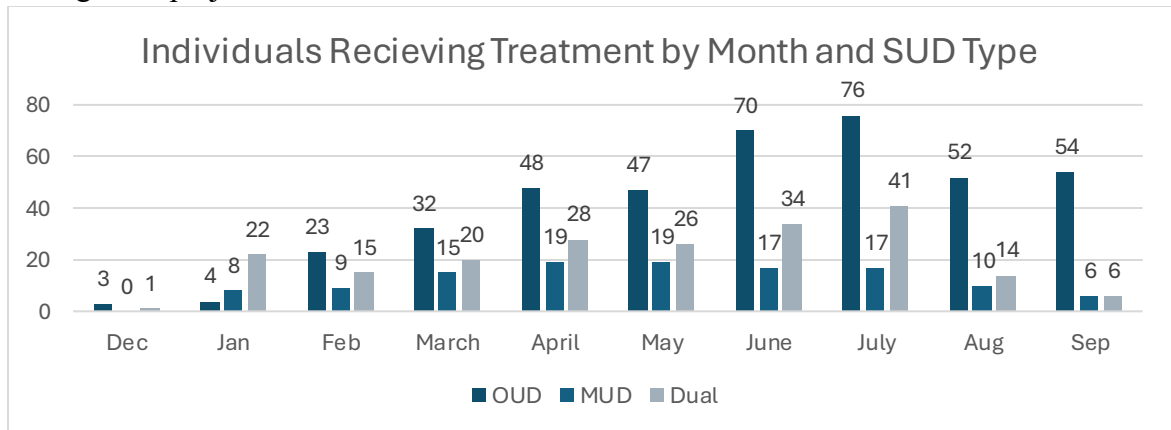
Name of School	Effort Focus
Arkansas State University-Newport	Prevention
Philander Smith University	Prevention
University of Arkansas	Prevention & Recovery
University of Arkansas at Cossatot Community College	Prevention
University of Central Arkansas	Recovery

allocated a portion of the remaining funds to host a Mobilize Recovery event at the University of Central Arkansas, further strengthening statewide prevention and recovery efforts. Despite being severely truncated due to processing delays, this project’s implementation phase was fruitful. Collectively, the schools employed 9 evidence-based interventions, **reaching 1,570 students, faculty, and staff** across the state in Naloxone Training, CPR Training, Opioid Misuse Prevention Education, Continuum of Care Strategies, Motivational Interviewing, Mental Health First Aid, Mind Matters, Train-the-Trainer Programs, and Mental Health Literacy and Resilience-Building. Additionally, representatives from two universities were able to attend the annual conference of the Association of Recovery in Higher Education (ARHE). Representatives gained foundational knowledge essential to establishing collegiate recovery programs. This project was also successful in producing a video library detailing prevention and recovery group formations on campus, recovery experiences in the college setting, and the value of peer-led support. Finalization and release of this video library is in process.

- d. Treatment: Provider Development and Education - In addressing the required activity of providing training and technical assistance on evidence-based practices to healthcare providers and others in our state, University of Arkansas at Little Rock-MidSOUTH (MidSOUTH) hosted **501 individuals** at trainings. Attendees included mental health professionals, peer workers, social workers, and other individuals engaged in supporting recovery and wellness. Training topics included ASAM-IV Criteria, Medication Assisted Treatment (MAT), Motivational Interviewing, Mindfulness-Oriented Recovery Enhancement (MORE), Trauma-Informed Care, and the Neurobiology of Addiction.

Training was conducted in multimedia formats including in-person, on-demand, and virtually, to maximize the participation of the workforce by overcoming time and logistic barriers. MidSOUTH procured and distributed 340 ASAM-IV Criteria books. Various workbooks on the different treatment modalities, DMS-V desk reference books, and educational resources were handed out to participants in connection with the appropriate training events. This provider also purchased 2,885 naloxone kits and **distributed 1,993 of those kits** during this reporting period.

- e. Treatment: Hub and Spoke - In addressing the required activity of implementing services delivery models that enable the full spectrum of treatment and recovery support services, University of Arkansas for Medical Sciences (UAMS) has provided access to their Center for Addiction Services and Treatment to conduct consultations, host virtual healthcare community meetings, and deliver direct MOUD services. Physicians and other providers are able to request consultations with UAMS staff regarding the management of participants with substance use disorders, particularly in cases where standard medications were not appropriate for the participant’s condition. **340 minutes (5.7 hours) of consultation** were delivered during this reporting period. UAMS also facilitated **39 video conferences, available to community health clinics needing assistance in opioid addiction treatment, for a total of 326 attendees**, through the Project Extension for Community Healthcare Outcomes (Project ECHO). Direct services were delivered through UAMS utilizing a hub-and-spoke model with 10 treatment programs participating as spokes. During this reporting period, **583 unduplicated individuals received treatment** for an OUD, a Stimulant Use Disorder, Amphetamine-Type Substance (Methamphetamine) (MUD), or a dual combination of the two disorders through this project.



- f. Treatment: Maternal Health - In addressing the required activity of supporting the full continuum of prevention, treatment, and recovery support services for participants in the SWS programs, Family Centered Treatment-Recovery (FCTR), River Valley Medical Wellness (RVMW), and Arkansas Foundation for Medical Care (AFMC) have all worked independently and in collaboration to execute this work. FCTR has assisted DHS in

generating interest and identifying providers to adopt the Arkansas-specific model within their organizations. Once a provider expressed interest, FCTR conducted an on-site, 60-point Readiness Assessment before onboarding and training began. During this reporting period, technical assistance was provided 16 times, training was provided to 12 individuals, and contracts are in progress between FCTR and all **3 SWS providers** within the state. A weekly FCTR Stakeholder Implementation Team meeting was established and facilitated to identify and resolve barriers to implementation, discuss resources, share strategies, and assist in making recommendations regarding sustainability. This team consisted of FCTR staff, DHS staff, Arkansas-based FCTR providers, and Recovery Community Organizations.

The RVMW program sought to reduce risks associated with substance use during pregnancy, improve health outcomes, and connect participants to comprehensive care.

Services included screening, counseling, case management, providing resources, and referrals to treatment and recovery supports, along with education on healthy pregnancy and parenting. Individuals receiving direct services were provided with backpacks containing printed educational and resource materials,

Service Provided	Individuals Received Service
Ultrasound Equipment Training	22
Other Training	664
Pregnancy Screening	44
Mental Health Screening	41
Ultrasound	6
Mental Health Resources	80
Peer Recovery Services	44

supportive prenatal and infant care items, and naloxone for overdose prevention. Training provided to both contracted medical providers and community-based staff included Ultrasound Equipment training, Maternal Health-Medical and Recovery Services, Co-occurring Disorders, and Integrated Care in The Perinatal Period.

AFMC completed a [needs assessment](#) exploring the barriers to treatment for individuals in the SWS programs. AMFC built a microsite as a virtual toolkit to address barriers that became known from the needs assessment, which mainly revolved around state-funded benefits for participants enrolled in the program, but also included issues such as the need for additional resources and provider collaboration. This toolkit includes a wealth of information for both providers and participants regarding Arkansas Medicaid and other resources, ranging from transportation to the national Tobacco Quitline. An in-person community forum was held with AFMC, DHS staff, and the SWS providers to review the findings of the needs assessment and to exchange resources. The forum also included guest speakers on maternal health and infant mental health issues.

- g. Treatment: Justice Involved Individuals - In addressing the required activity of engaging with correctional institutions, sheriff’s associations, and law enforcement, as well as the required activity of providing treatment transition, recovery support services, and coverage for individuals reentering, DHS has supported Arkansas Community

Corrections (ACC) medication-assisted treatment (MAT) program. Resources provided to participants within this program include monthly educational sessions, drug screening, counseling, medication for opioid use disorder (MOUD), naloxone, case management, and group support. Educational sessions distributed 1,239 materials and offered information on the MAT program, naloxone use, and recognizing and responding to opioid overdose. Of the **121 total participants, 99 (82%) successfully completed the program.** Two participants were unsuccessfully discharged, five were released to a drug court, and fifteen remain active in the program.

h. Treatment: Youth and Young People - In addressing the required activity of

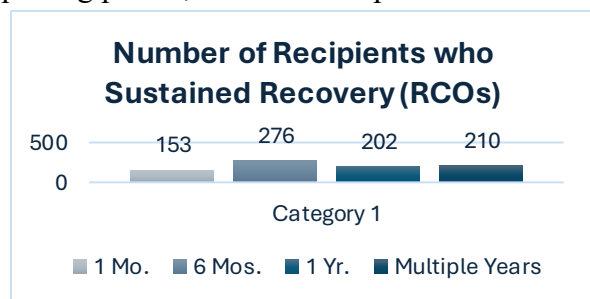
Service Provided	Number of Recipients
Peer Group	335
1:1 Peer Services	9
1:1 Peer Aftercare	10
Naloxone Training	12
<b>Peer Services Total</b>	<b>366</b>
Collaborator Meetings (47)	470
Educational Programming	1,444
SBIRT Training	196

supporting the full continuum of prevention, treatment, and recovery support services, River Valley Medical Wellness (RVMW) has implemented an early intervention program within the Arkansas Juvenile Assessment & Treatment Center (AJATC). Involving relevant partner agencies, this endeavor

also included training, distribution of educational materials, direct peer recovery services, collaborator meetings, and educational programming. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training, specifically, was provided to AJATC staff including medical personnel, behavioral health providers, probation officers, parole officers and other stakeholders. Training topics included Project AWARE, Cooccurring Disorders in Youth, Hazelden Betty Ford Evidence-Based Curriculum, and MOUD in Youth.

i. Recovery: Recovery Community Organization Development - In addressing the required

activity of implementing services delivery models that enable the full spectrum of treatment and recovery support services, Arkansas Alliance of Recovery Centered Organizations (AARCO) became the central coordinating body for designated RCOs within the State of Arkansas. During this reporting period, AARCO has partnered with 4 RCOs across the state to **employ 10 peer workers within 12 organizations** in healthcare, law enforcement, justice, and other human services settings. Working towards the goal of being the RCO accreditation authority for Arkansas, AARCO creates the opportunity for a monumental number of direct service

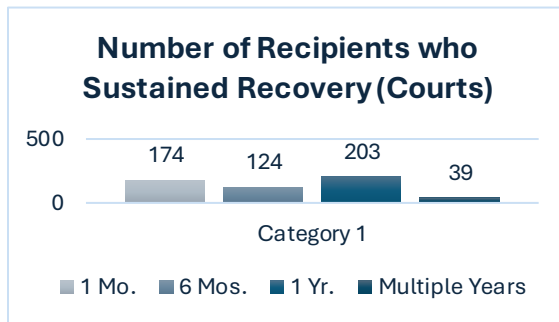


delivery programs to be provided by a growing number of RCOs through a potential hub-and-spoke model in the future. Another result of the project

Peer Service (RCOs)	Individuals Received Service
<b>1:1 Peer Service</b>	979
<b>Peer Group</b>	1,775
<b>Recovery Housing</b>	48
<b>Transportation</b>	106
<b>Achieved Family Reunification</b>	55
<b>Total Received Services</b>	<b>1,231</b>

is the ability to report data regarding sustained for individuals receiving services.

- j. Recovery: Specialty Court - In addressing the required activity of supporting the full continuum of prevention, treatment, and recovery support services, Administrative Office of the Courts (AOC) employed 25 peer workers within Specialty Courts in 19 counties



during this reporting period. Peer workers in these counties also provided continued peer recovery support services to participants and their families following graduation from specialty court. This ongoing support is instrumental in promoting sustained recovery which is evident in the data provided by the project

Peer Service (Courts)	Individuals Received Service
1:1 Peer Service	1,240
Peer Group	728
Recovery Housing	93
Transportation	236
Court-related Service	464
Completed Court Obligations	413
Achieved Family Reunification	208
Graduated Specialty Court	120
<b>Total Received Services</b>	<b>1,278</b>

on sustained recovery for individuals receiving services from specialty court peers. Funding provided to Arkansas specialty courts employing peer workers reinforces the implementation of recovery support services by connecting participants with individuals who share similar lived experiences. This connection builds trust and understanding,

allowing for faster access to evidence-based recovery resources and improving the chances of sustained recovery. AOC aims to increase both the number of peer workers funded and specialty courts they are employed at over the next two fiscal years.

- k. Recovery: Recovery Housing Affiliate Development - In addressing the required activity of implementing recovery support services, Arkansas Alliance of Recovery Residences (AARR) began the process of becoming NARR-accredited, increased the number of NARR-affiliated residences within the State of Arkansas, and provided indigent funding

to residents of NARR-affiliated residences within this reporting period. During this reporting period, **one new residence was certified** as a Level 2 Residence and served as a pilot site for AARR’s training and certification procedures which was facilitated by NARR organizations at both the national and Virginia levels. Indigent funding requests included **220 Resident Support requests** and **\$119,182 distributed** across 13 organizations and 18 total recovery residences. AARR has also **created an [AARR website](#)** during this time, expediting access to resources for both providers and potential residents across the state. This website includes information on NARR and AARR, a statewide housing directory, the Resident Support information and application, AARR board members, and contact information for the AARR director.

- 1. Recovery: Stability - In addressing the required activity of implementing service delivery models that enable the full spectrum of treatment and recovery support services,

NAADAC, The Association for Addiction Professionals (NAADAC) has maintained and improved elements of the Arkansas Peer Recovery Program (APRP), such as applications, training, and approvals within the credentialing platform New elements with DHS approval were added to the APRP including a Testing Development Committee to create new exams corresponding to

Key	
<b>PIT</b>	Peer in Training
<b>CPRS</b>	Core Peer Recovery Specialist
<b>APRS</b>	Advanced Peer Recovery Specialist
<b>PRS</b>	Peer Recovery Supervisor
<b>NCPRSS</b>	National Credentialed Peer Recovery Support Specialist

	PIT	CPRS	APRS	PRS	NCPRSS
<b>Current Total (509)</b>	281	166	41	21	121
<b>Trained in FY25</b>	132	N/A	28	9	N/A
<b>Credentialed in FY25</b>	N/A	91	18	18	121

updated curricula and the [Arkansas Peer Ethics Review Board](#) to address all filed ethical complaint forms. NAADAC also plans to create national-level Advanced and Supervisor levels of peer credentialing, which will mirror the Arkansas Peer Recovery Program.

- m. Recovery: Continuum of Care - In addressing the required activity of implementing

	Connections App	Companion App
<b>Individuals Onboarded</b>	474	13
<b>Number of Community Engagements</b>	937	0
<b>Number of Community Views</b>	2,350	14
<b>Number of Daily Check-Ins</b>	968	N/A
<b>Number of 1:1s</b>	96	N/A

service delivery models that enable the full spectrum of treatment and recovery support services, CHES mobile Health Inc. (CHES) has provided 2 different mobile

applications (apps) with 4 different versions to the designated RCOs as well as the recovery community within the State of Arkansas. The Connections App, offered for

adults and teens in both English and Spanish, enhances treatment retention and improves recovery outcomes by offering endless peer team engagement, real-time discussions, crisis intervention, virtual support meetings, and skill building activities. The Companion App supports family members, friends, and caregivers of individuals with SUD by offering a digital community including a resource library, shared experiences, and daily inspiration. Overall, the **Connections App served 474 individuals**, and the Companion App served 13 individuals during this reporting period.

- n. Data Collection: Survey Center for GPRA Collection - In addressing the required activity of collecting and reporting data for SAMHSA to meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010, Arkansas Foundation for Medical Care (AFMC) completed intake, discharge, and follow-up GPRA assessments for individuals receiving SOR-funded treatment services during this reporting period. The project did not meet its targets of serving 800 individuals within the first fiscal year or achieving an 80% follow-up rate. A total of **478 individuals were given an intake assessment**, representing 60% of the target. **The follow-up assessment reached 54 individuals, or 27.7%**, falling short of the established 80% goal.
  - o. Evaluation: Survey Analysis Center - In addressing the required activity of updating the needs assessment and implementing evaluation activities, University of Wyoming Survey and Analysis Center (WYSAC) has worked closely with each vendor and DHS staff to collect qualitative and quantitative data throughout this reporting period. Quantitative data was collected through several categories in REDCap, including SPARS questions, monthly reports, all forms of training, direct services, distribution of naloxone and educational materials, surveys, media information, technical assistance, and events. Qualitative data focused on recovery residences, justice, and drug court settings during this reporting period. These metrics were used to form the data presented in this section above. A Final Program Evaluation for SOR IV Year 1 has been delivered in draft form has been delivered to DHS.
4. Describe problems encountered serving your population and efforts to overcome them.
- a. Prevention: Opioid Reversal Agent/Naloxone Saturation – One issue identified with End Overdose was their establishment of goals that were overly ambitious and difficult to achieve within the project timeframe. This is exemplified by their goal to train 10,000 individuals on naloxone while actually only achieving 76% of that goal by the end of the reporting period by training 7,751 individuals. This issue can be addressed by either expanding capacity or scaling down expectations.
  - b. Prevention: Infrastructure – Participants from University of Arkansas at Little Rock-MidSOUTH (MidSOUTH) trainings expressed a broader need for educational materials and resources beyond the specific substances covered during this reporting period. This concern prompted the expansion of Index of Misused Drugs to include additional substances. MidSOUTH also had difficulty in obtaining final approval from DHS on

training videos ensuring the dialogue met updated federal requirements. To remedy such delays in the future, DHS collaborated with internal leadership and communication staff members to ensure a timelier turnaround on approvals.

- c. Prevention: Collegiate Initiatives – While aiming for the development of collegiate prevention and recovery projects, Arkansas Department of Higher Education (ADHE) received fewer applications than anticipated, and the total funding requested was below the available budget. To address this, schools were encouraged to expand the scope of their proposals to more fully utilize the funds, resulting in an additional round of proposal revisions. These entities were provided with substantial technical assistance opportunities, including education on grant guidelines and constructive feedback on proposal revisions. A second challenge encountered under this agreement was the delay caused by a slow internal payment process. This issue has been mitigated to the greatest extent possible by preparing all contract documentation in advance whenever feasible.
- d. Treatment: Provider Development and Education - The University of Arkansas at Little Rock–MidSOUTH (MidSOUTH) encountered challenges in developing an STI Toolkit for providers due to the unforeseen complexity of the project, including the need to fully understand the logistics of the issue and the extensive range of resources required for the issue. This challenge was addressed by creating an STI Task Force to assemble relevant stakeholders, including providers, physicians, and the Arkansas Department of Health, to explore options. There was a low rate of participation among OSAMH-identified providers in training opportunities specifically targeted toward their workforce’s needs. To address this, regularly scheduled meetings, updated contact information, and multiple training delivery options, including in-person, on-demand, and virtual formats, were implemented. A separate target of this agreement was to accomplish an accurate translation of training materials for specific individuals receiving services, which resulted in a widening search for subcontractors to achieve appropriately translated materials.
- e. Treatment: Hub and Spoke - University of Arkansas for Medical Sciences (UAMS) experienced two issues during this reporting period. Delays in the commencement of the agreement, a common occurrence with most year-one funding agreements, presented a postponement in the provision of direct services. While the actual delay could only be addressed by DHS staff by preparing all future documentation for the State of Arkansas internal payment process early, line-item adjustments were made to accommodate for the delay within the fiscal year. UAMS was also awarded less funding than previous years regarding this agreement limiting their ability to fund the employment of peer workers during this reporting period. To mitigate the impact of this employment loss, DHS provided UAMS information and referrals to the Recovery Community Organizations (RCOs) serving as the centralized custodians for the peer recovery support workforce. UAMS was instructed to encourage their previous employers of peer workers to apply for funding through the Arkansas Alliance of Recovery Centered Organizations (AARCO).

- f. Treatment: Maternal Health - Arkansas Foundation for Medical Care (AFMC) experienced delays in approval of the final needs assessment due to recent federal updates. To address and prevent future delays, DHS coordinated with internal leadership and communications personnel to streamline approval processes and enhance timeliness of response. Family Centered Treatment – Recovery (FCTR) experienced a delay in the commencement of their services due to changes in their scope of work necessary for administrative approvals. Collaborative, consecutive meetings were held between FCTR and DHS staff to address this issue. Initial eligibility requirements within the base FCTR model proved to be too restrictive, resulting in low caseloads and limiting the program’s overall impact. FCTR agreed to not only align its criteria with SWS guidelines, but to also expand eligibility to include FCTR services as an alternative to residential treatment. River Valley Medical Wellness (RVMW) experienced issues related to data collection and timely reporting. DHS partnered with its external evaluation vendor to meet with RVMW to improve data collection strategies.
- g. Treatment: Justice Involved Individuals – Individuals receiving direct services expressed challenges with scheduling services while participating in the program as well as the quality of materials presented, though the value of accountability and support provided was conveyed. One participant stated that they must miss work to be present for classes to receive injections. DHS also noticed a lack of multiple medications being offered within the correctional facility. This was corrected mid-year with technical assistance having been provided to ACC staff members. Following this training, staff began offering both Vivitrol injections as well as stabilizing participants on Suboxone, provided they received this medication prior to their arrival at the facility. There were issues with data collection and timely reporting due to staff changes. DHS regularly met with ACC staff to provide technical assistance with the reporting procedures until this issue was resolved.
- h. Treatment: Youth and Young People - River Valley Medical Wellness (RVMW) had difficulty gaining access to the high-security youth treatment facility. This problem was corrected by improving inter-agency relationships and collaboration efforts.
- i. Recovery: Recovery Community Organization Development - Arkansas Alliance of Recovery Centered Organizations (AARCO) experienced issues during this reporting period with trouble implementing the DHS-required reporting platform among its staff and resistance to state requirements for designated RCOs. DHS adjusted several of the reporting metrics in response to the concerns of the AARCO Board and staff. Technical assistance meetings were conducted to clarify these topics and remain ongoing.
- j. Recovery: Specialty Court - Administrative Office of the Courts (AOC) encountered issues regarding payment systems from state to county entities as well as a reduction in staff due to excessive workloads which created a delay in some additional, non-direct services activities. These challenges have lessened as counties and AOC staff became

more familiar with the agreement's procedures and strengthened their time management efforts.

- k. Recovery: Recovery Housing Affiliate Development – During this reporting period, Arkansas Alliance of Recovery Residences (AARR) has had a challenging journey in their efforts to become NARR-accredited. This issue has caused delays in their ability to certify new recovery residences under NARR standards. This issue continues to be ongoing and has not yet resolved. AARR is actively working with representatives from NARR and Virginia Alliance of Recovery Residences (VARR) to finalize this process at the earliest possible time.
- l. Recovery: Stability - NAADAC, The Association for Addiction Professionals (NAADAC), which oversees the transition of Arkansas's core-level credential to a national standard and manages all related credentialing processes, has faced challenges related to workload strain, as most responsibilities rest with one individual. This issue has been mitigated by DHS remaining firm on the deadlines, guidelines, and boundaries set forth in the agreement as expectations for NAADAC. NAADAC has also experienced quite a lot of resistance from the peer workforce in upholding standards within this reporting period. Many members are reluctant to change their practices or adhere to guidelines that will ultimately advance the Arkansas Peer Recovery Program. Messaging to the peer workforce reinforced by both DHS and NAADAC regarding these guidelines has assisted in improving this issue. Also, NAADAC is currently in the process of offboarding individuals who did not complete their transition to the national credential upon the expiration of their Arkansas-based credential.
- m. Recovery: Continuum of Care - CHES mobile Health Inc. (CHES) has faced challenges regarding participation from the majority of the designated RCOs. These organizations were tasked with providing statewide resource information, enabling CHES staff to connect individuals with local supports and refer them to nearby RCO peer workers for a full continuum of care. DHS acted in two ways to assist in solving the void left by the lack of participation by the RCOs. Public engagement with the Connections App increased, particularly after the CHES presentation at the DHS-sponsored Annual Arkansas Peer Recovery Conference. In parallel, DHS initiated a complete redesign of its own peer services resource page to better support CHES peer workers in providing individuals with accurate and accessible service information.
- n. Data Collection: Survey Center for GPRA Collection - Arkansas Foundation for Medical Care (AFMC) encountered difficulty contacting many participants after their discharge from a treatment center or clinic for follow-up data. To rectify this, AFMC collected different forms of contact information upon intake such as social media and offered incentives for continuation in survey participation.
- o. Evaluation: Survey Analysis Center - University of Wyoming Survey and Analysis Center (WYSAC) has experienced one significant issue during this reporting period of

timely reporting by providers. DHS expressed the importance of this topic during individual and quarterly all-provider meetings and sent reminders prior to monthly reporting deadlines to attempt to eradicate this issue.

5. Are SOR funds being used to implement contingency management (CM)?

No