

Arkansas Opioid Recovery Partnership (ARORP)

ANNUAL EVALUATION REPORT February 2025

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Executive Summary

The Arkansas Opioid Recovery Partnership (ARORP) is an initiative of the Association of Arkansas Counties (AAC) and the Arkansas Municipal League (AML). It works with a network of organizations across the state to abate the devastating losses caused by opioids. The annual report presented below details evaluation data for the 2024 calendar year. This includes a process evaluation, a transparency evaluation, and an outcome evaluation.

In 2024, the prevention, recovery, and treatment efforts funded by ARORP impacted lives across Arkansas. This includes:

- More than 200 million media impressions.
- 873 people found a job.
- 1,041 people received health insurance.
- 252 people attended grief support meetings.
- 530 people received documentation such as a driver's license.
- 11,049 naloxone kits were distributed to community members.
- 6,181 were distributed to first responders.
- 10,298 people were trained to use naloxone.
- 385 people were arrested.
- Most who received services were white or Black, non-Hispanic, and between the ages of 18 and 65.
- Key outcome indicators show trends moving in a positive direction or stabilizing.

In the upcoming year, evaluators will continue to collect process data, score transparency twice more, and update outcome trend data. Evaluators will also work with ARORP staff to complete a gap assessment of opioid-related services provided across the state of Arkansas to identify geographic areas in need of more services.

Introduction

ARORP Background

ARORP, an initiative of the Association of Arkansas Counties (AAC) and the Arkansas Municipal League (AML), represents a network of organizations committed to providing support for Arkansans in recovery, neighbors suffering from a substance-misuse disorder, and families who have experienced loss due to the opioid epidemic. ARORP works to abate the devastating loss caused by opioids. When Arkansas counties and cities band together behind a cause, change happens. The message is simple: be bold, stand together, and commit to abating opioid misuse and addiction in Arkansas.

ARORP funds a diverse set of providers to implement opioid prevention, treatment, and recovery programs. Specifically, Arkansas communities and organizations can apply to be a naloxone community hero, overdose response team, coalition partnership empowerment project, and more. There are also general projects that address community needs and direct projects strategically developed by the ARORP executive team.

Taken together, this work funds nearly 150 providers to work collaboratively across the state to abate the opioid crisis and improve the lives of Arkansans.

Purpose

The purpose of this annual report is to document and present evaluation data for the 2024 calendar year. This includes a process evaluation (reporting numbers served), a transparency evaluation (reporting efforts to make information as clear, complete, and findable as possible), and an outcome evaluation (reporting important state-level consumption and consequence indicators). The narrative that follows is divided into five sections. The first three provide the methodology and findings from the past year's process, transparency, and outcome evaluations. The fourth provides a discussion of upcoming evaluation efforts, and the fifth provides a summary of overall findings and recommendations for ARORP moving forward. There is also an appendix that presents other relevant and interesting data.

Process Evaluation

REDCap Data Collection Methods

ARORP uses the Research Electronic Data Capture (REDCap) system to collect opioid-related data from its funded projects. Data collection involves a series of forms related to the measurable activities of ARORP projects. Providers enter data, like the number of ARORP-funded beds or the number of people saved by naloxone, into the REDCap system each quarter.

Tables 1 through 14 below summarize this data for the calendar year 2024. Tables 1, 2, and 5 include an average per quarter, rounded to the nearest whole number, to avoid double counting individuals, for instance, the *average number of people in ARORP-funded beds this quarter*. These calculations include entries of 0, and the quarter is standardized to reflect the calendar year (e.g. quarter one is January through March). One of these, the *average number of people to leave a facility*, is not collected quarterly and is instead the average per project. Important to note, the mean (average) value is susceptible to outliers more so than other descriptive statistics, for example, than the median (middle) value.

Appendix A (page 30) presents additional interesting data collected in REDCap. Projects are asked which organizations they conducted training in collaboration with over the last year; this is found in Table 16. These institutions are listed based upon what is reported in REDCap; this is done to avoid accidental data manipulation. For instance, SOZO Addiction Recovery Center is listed as SOZO. Likewise, missing data and duplicates are excluded, as is ARORP itself.

Table 17 is a summary of why people left housing facilities over the last year. Missing and incomplete data are also excluded from this list, and the table is summarized based upon the qualitative data entered into REDCap to avoid accidental data manipulation. Table 17 should not be used to calculate the *total number* who left housing facilities by category; instead, it should be used to provide a snapshot of *why* people left.

Even though there is a small amount of missing or incorrectly entered data within the REDCap system for both questions, this does not significantly impact measurement. Both questions presented in Tables 16 and 17, as well as other naturally qualitative questions, provide a clear view of the county-level prevention, treatment, and recovery efforts of ARORP-funded projects throughout Arkansas.

Process Data Tables

Housing and Recovery Services¹

Table 1: Housing Services in 2024

The number of ARORP-funded beds available is 354. There was an average of 342 people in ARORP-funded beds this year per quarter. An average 323 people with an opioid nexus, and an average of 23 people left a housing facility, and 427 families were reunited.

Housing	People Served
Average number of people in ARORP beds this year by quarter	342
Number of operational ARORP-funded beds	354
Average number of people with an opioid nexus in ARORP beds this year by quarter	323
Number of families reunited	427
Average number of people who left a housing facility this year by project	23

Source: ARORP REDCap reporting system

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Table 2: Recovery Services in 2024

There was an average of 2,153 people in recovery for an opioid-nexus, and 10,001 one-on-one meetings. 873 people found a job, 1,041 received health insurance, and 530 received official documentation.

Recovery	People Served
Average number of people in recovery with an opioid nexus by quarter	2,153
Number of people who found a job	873
Number of people who received official documentation	530
Number of people who received health insurance	1,041
Number of educational classes (for example parenting classes)	2,426
Number of one-on-one meetings	10,001
Number of group meetings	2,710

Source: ARORP REDCap reporting system

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¹ In Table 1, The number of people who left a housing facility is likely influenced by respite housing projects combined with long-term housing projects. Future iterations of this report will address this by distinguishing between projects providing respite beds, treatment beds, and recovery/sober-living beds.

Hope Movement and the Prevention Recovery Coordinator (PRC)

Table 3: Hope Movement Services in 2024

252 people attended grief support meetings, while 27 were referred to mental health professionals, and 19 were connected to peer support.

Hope Movement	People Served
Number of people who attended grief support meetings	252
Number of referrals to mental health professionals	27
Number of people who were connected to peer support	19
Average number of people represented in the active caseload	41

Source: ARORP REDCap reporting system

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Table 4: Prevention Recovery Coordinator (PRC) 2024

104 students received targeted interventions, 31 students had one-on-one meetings with staff, and 10 group meetings were held.

PRC	People Served
Number of students to receive targeted interventions	104
How many one-on-one meetings with students were held this year	31
How many group meetings did you have with students this year	10

Source: ARORP REDCap reporting system

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Treatment and Overdose Response²

Table 5: Treatment Services in 2024

An average of 814 people received treatment services per quarter. This includes 3,464 and 5,676 instances of group and individual counseling, respectively, as well as 914 people served through MAT.

Treatment	People Served
Average number of people who received treatment services by quarter	814
Number of times Medication Assisted Treatment (MAT) was provided	914
Number of times people met with a mental health professional	5,676
Number of times group counseling was provided	3,464
Number of times cases management was provided	1,279

Source: ARORP REDCap reporting system

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Table 6: Overdose Responses in 2024

ORTs responded to 63 fatal overdoses, and 206 non-fatal overdoses. There were 883 referrals to treatment services, while 542 cases were opened, and 385 people were arrested in the past year.

Overdose Response	People Served
Number of fatal overdoses	63
Number of non-fatal overdoses	206
Number of people referred to treatment	883
Number of opened cases	542
Number of closed cases	428
Number of arrests	385

Source: ARORP REDCap reporting system

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² The values found in Table 6 are those entered by ARORP-funded Overdose Response Teams (ORT). They ARE values entered into REDCap, and should not represent the entire county, or state.

Training Services and Life Care Specialists

Table 7: Training Services in 2024

7,754 people received training, while ARORP-funded projects partnered with 55 unique organizations in 54 individual counties.

Training	People Served
People who received training	7,754
Number of unique organizations partnered with	55
Number of individual counties represented (excluding state-wide projects)	54

Source: ARORP REDCap reporting system

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Table 8: Life Care Specialists in 2024

Specialists saw 143 patients before surgery and 112 patients after surgery. They also served 8 people with an opioid nexus, referred 2 to recovery services, and provided support to 61 families or caregivers. Life Care Specialists began services in Q4 of 2024.

Life Care Specialists	People Served
Number of unique patients served this quarter with an opioid nexus	8
Number of referrals to recovery services provided this quarter	2
Number of times family/caregiver support was provided	61
Number of LCS patient visits prior to scheduled surgery (pre-op care) this year	143
Number of LCS patient visits after surgery (post-op care) this year	112

Source: ARORP REDCap reporting system

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Media Dissemination and Naloxone Distribution

Table 9: Media Dissemination in 2024

Most media was disseminated first through flyers or handouts, then radio ads, and finally through billboards.

Media Dissemination	People Served
Number of impressions by billboard	2,298,000
Number of impressions by social media	2,107,752
Number of impressions by television	1,384,324
Number of impressions by radio	2,480,665
Number of impressions by mobile app	1,614
Number of impressions by flyer	2,500,000
Number of other impressions	183,596
Number of overall total impressions	205,207,063

Source: ARORP REDCap reporting system

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Table 10: Naloxone Distribution in 2024

Over 10,000 people received naloxone training, and over 17,000 kits were distributed to community members across 49 individual counties in Arkansas, and to first responders all 75 counties.

Naloxone Distribution	People Served
Number of naloxone kits distributed to community members	11,049
Number of naloxone kits distributed to law enforcement and EMS personnel	6,181
Number of unique counties where kits were distributed to community members	49
Number of unique counties where kits were distributed to first responders	75
People who received naloxone training	10,298

Source: ARORP REDCap reporting system

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Demographics for all ARORP Services

Table 11: Ages of Service Recipients in 2024

Most people served were between the ages of 18 and 65 plus.

Program Type	0 - 11	12 - 17	18 - 25	26 - 44	45 - 64	65 plus	Unknown Age
Recovery	20	123	782	5,589	1,512	98	3,166
Treatment	9	52	109	878	277	7	0
ORT	2	506	962	1,584	414	20	329
Housing	1	9	165	751	341	21	0
Training	208	1,752	1,615	1,230	488	127	1,211
Hope Movement	59	20	10	38	37	5	75
PRC	0	104	0	1	0	0	247
Media Dissemination	0	0	1,145,000	1,145,000	1,145,000	1,145,000	20,000
Life Care Specialist	0	1	9	33	85	93	0
Naloxone	3	526	2,869	3,652	2,948	750	379
Total	302	3,093	1,151,521	1,158,756	1,151,102	1,146,121	25,407

Source: ARORP REDCap reporting system

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Table 12: Ethnicity of Service Recipients in 2024

Most people served were non-Hispanic with a small group of unknown demographics.

Program Type	Hispanic	Non-Hispanic	Unknown Ethnicity
Recovery	492	6,751	3,856
Treatment	58	1,260	6
ORT	101	2,043	309
Housing	46	1,222	13
Training	266	4,137	1,552
Hope Movement	4	219	0
PRC	9	95	247
Media Dissemination	410,000	20,393	20,006
Life Care Specialist	1	217	3
Naloxone	584	8,405	479
Total	411,561	44,742	26,471

Source: ARORP REDCap reporting system

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Table 13: Gender of Service Recipients in 2024

People served are almost evenly split between male and female recipients with a comparatively small group of non-binary and unknown recipients.

Program Type	Male	Female	Non-Binary	Unknown
Recovery	4,241	3,505	18	3,491
Treatment	639	689	5	2
ORT	2,125	1,435	0	298
Housing	1,160	129	0	0
Training	2,260	2,923	8	1,414
Hope Movement	96	130	0	6
PRC	53	51	0	247
Media Dissemination	3,020,000	3,020,000	20,000	20,000
Life Care Specialist	91	130	0	0
Naloxone	5,212	5,610	54	240
Total	3,035,877	3,034,602	20,085	25,698

Source: ARORP REDCap reporting system

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Table 14: Race of Service Recipients in 2024

Most respondents were white or Black.

Program Type	White	Black or African-American	Asian	Native American	Pacific Islander	Multi-Racial	Unknown
Recovery	5,912	661	24	195	98	108	3,866
Treatment	1,128	67	4	51	0	77	14
ORT	2,156	1,355	0	3	0	4	320
Housing	1,145	83	5	11	5	13	6
Training	2,347	2,431	8	29	29	105	1,563
Hope Movement	190	44	0	0	0	4	2
PRC	35	58	1	0	0	1	256
Media Dissemination	4,460,000	920,000	140,000	50,000	39,800	350,000	20,000
Life Care Specialist	200	15	2	0	0	3	1
Naloxone	7,578	2,543	59	60	11	196	570
Total	4,480,691	927,257	140,103	50,349	39,943	350,511	26,598

Source: ARORP REDCap reporting system

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Summary Findings

In 2024, hundreds of thousands of Arkansans were served by, or experienced, programs or best practices funded by the ARORP project. A small snapshot of this includes 883 people who were referred to treatment services by Overdose Response Teams (ORT), 2,426 educational classes, and 427 families reunited. Because of ARORP funds, life care specialists saw 143 people prior to a scheduled surgery and 112 people after a scheduled surgery. Most who received services were white or Black, non-Hispanic, and most were between the ages of 18 and 65. These demographics reflect those of the state of Arkansas, and the target demographics of prevention, recovery, and treatment programs.

Transparency Evaluation

Transparency Methodology

Transparency of public projects, like the National Prescription Opioid Litigation, has become more important over the past two decades. Transparency refers to the visibility of recorded information, and it is a major goal of ARORP. This includes the degree to which information is complete, findable, verifiable, simple, accessible, and used by the public. The outside evaluation of ARORP transparency involved the measurement and documentation of the degree to which the project published its resources, expenditures, decision-making, and data in useful and straightforward ways. In January and July of 2024, three independent reviewers scored 16 elements of transparency in four areas. Each was scored as a dichotomy, either “present” or “absent,” and reviewers provide comments when appropriate.

Ideally, each element would receive a score of 3, where all three reviewers found the element present. When only one or two reviewers found the element, it meant that specific element was not easy to find and not fully transparent. The section below provides a summary of the first year of transparency scoring. However, this methodology had limitations, and in 2025 evaluators will begin a more rigorous design described in the Future Evaluation section of this report.

Transparency Findings

Table 15 below displays the findings for January and July scoring in 2024. The sum score is the total for three reviewers where each element received 1 point if it is present. If all three reviewers found the element, it would receive a score of 3. Typical scores are considered present when two of three reviewers found the element.

Overall, ARORP could improve transparency, with little variation over the course of the year. More specifically, organizational transparency increased in the areas of meeting agendas and populations, while other areas were less transparent according to reviewers when it came to budgets, completeness, and numbers served. However, many of these differences can be explained by variation in reviewer efforts rather than changes at ARORP. Generally, during this first year, ARORP was mostly and consistently transparent with some areas to improve. This includes providing information like decision-making processes and overall efforts with more clarity.

Table 15: Sum and Typical Transparency Scores for Sixteen elements in Four Areas in January and July of 2024

Overall transparency remained the same with organizational transparency gaining for two elements and the other areas each losing one element.

Elements	January Sum Score	January Typical Score	July Sum Score	July Typical Score	Overall Transparency
Organizational Transparency					
Advisory Board	3	Present	3	Present	Organizational transparency increased by two elements
Meeting Agendas	0	Absent	3	Present	
Decision Making	1	Absent	0	Absent	
Target Population	1	Absent	2	Present	
Financial Transparency					
Allocations	3	Present	3	Present	One element (budgets) became less transparent
Budgets	2	Present	0	Absent	
Prior Expenditures	2	Present	2	Present	
Current Expenditures	2	Present	3	Present	
Informational Transparency					
Disaggregation	3	Present	2	Present	One element (completeness) became less transparent
Publication	1	Absent	1	Absent	
Use	2	Present	2	Present	
Completeness	2	Present	0	Absent	
Provisional Transparency					
Awards	3	Present	3	Present	One element (numbers served) became less transparent
Grantees	2	Present	3	Present	
Services Provided	3	Present	2	Present	
Numbers Served	2	Present	1	Absent	
Total Present Elements	12 of 16 in January		11 of 16 in July		Overall, transparency remained stable

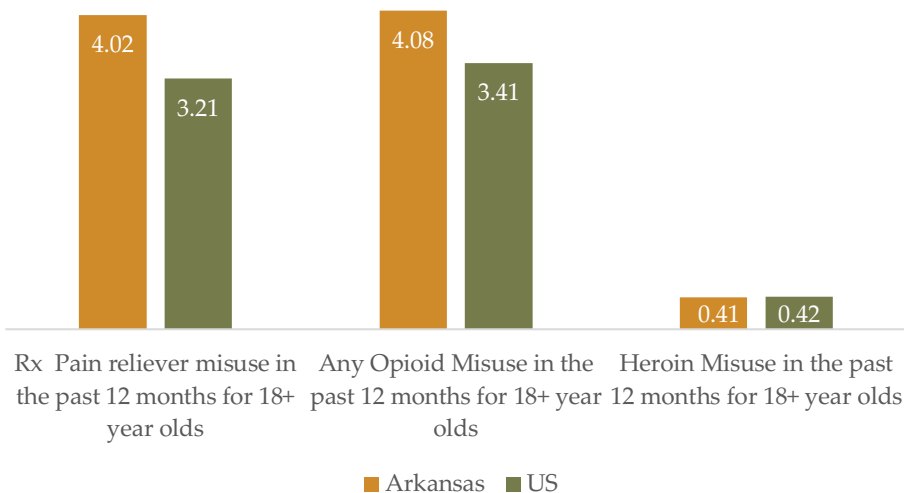
Outcome Evaluation

State-level outcome data comes from numerous sources ranging from the National Survey on Drug Use and Health (NSDUH) to the Arkansas State Crime Lab. Data often lags (one or two years) due to the time it takes to collect, analyze, and report accurate numbers for each indicator. Charts 1 through 4 below display opioid consumption data for four indicators from four different data sources. Charts 5 through 11 display opioid consequence data for seven indicators from six different data sources. Where possible, comparable national data is presented, and trends begin as far back as 2018.

Opium Consumption

Chart 1. Percentage of Adults Reporting Opioid Misuse in Arkansas and the US, 2021-2022

The percentage of adults misusing pain relievers and any opioids was slightly higher in Arkansas than in the US.



Data Source: National Survey on Drug Use and Health (NSDUH)

Note: Estimates from 2021-2022 are not comparable to estimates from previous years due to changes in NSDUH survey methodology (<https://pdas.samhsa.gov/saes/state>).

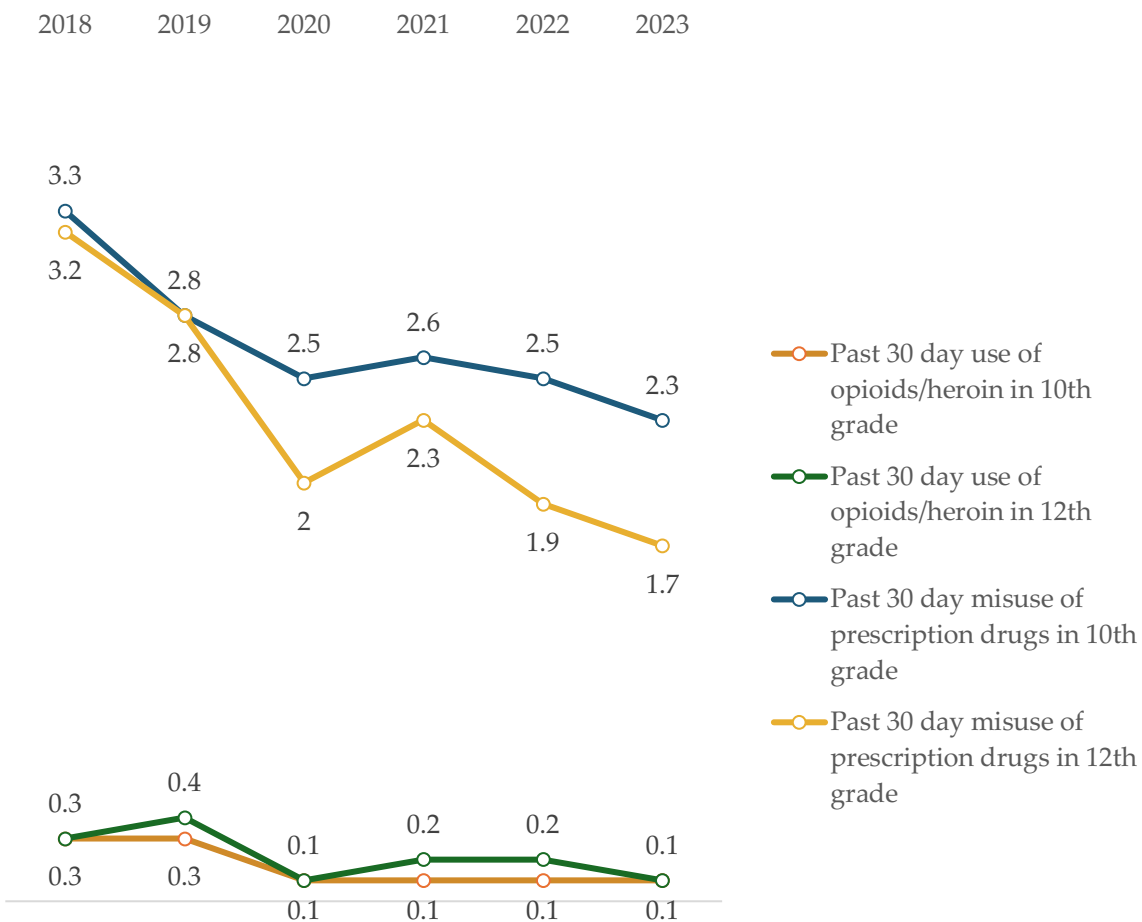
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While national survey data is only available for one year due to changes in methodology, misuse of prescription pain relievers, opioid misuse, and heroin misuse are all higher in Arkansas than

in the United States. For youth, opioid and prescription drug misuse has continued to decrease from already low rates over the past several years. Most common is the misuse of prescription pain relievers or any opioid among adults in Arkansas (roughly 4%) and any prescription drugs among 10th and 12th graders in Arkansas (roughly 2%).

Chart 2. Percentage of Opioid and Prescription Drug Misuse among 10th and 12th Graders in Arkansas, 2018-2023

Opioid/heroin use remained very low, while prescription drug misuse decreased among 10th and 12th graders in Arkansas.

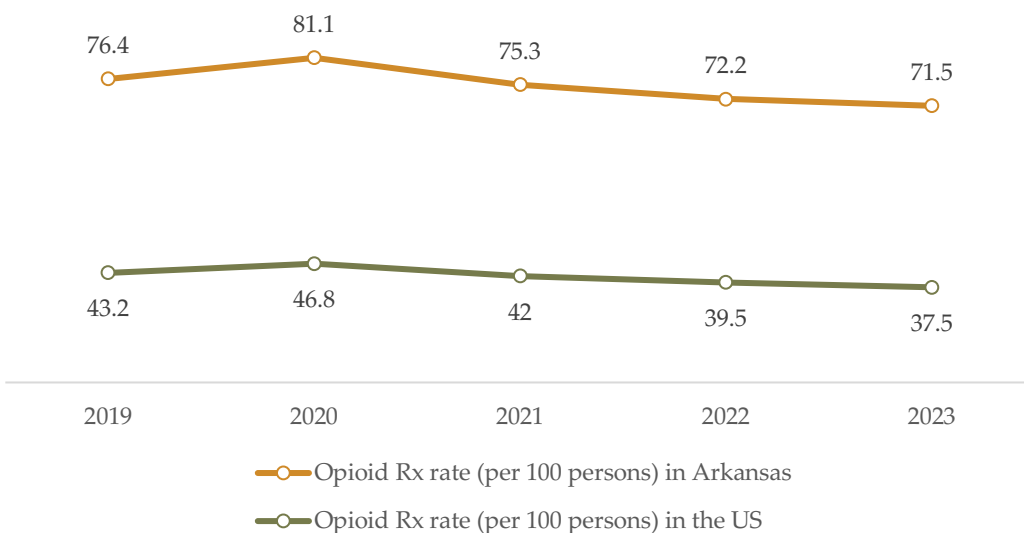


Data Source: Arkansas Prevention Needs Assessment (APNA)

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Chart 3. Prescription Opioid Rates per 100 persons in Arkansas and the US, 2019 to 2023

Opioid prescription rates continued to decrease, but Arkansas prescribed opioids at nearly twice the national average.



Data Source: Centers for Disease Control and Prevention (CDC)

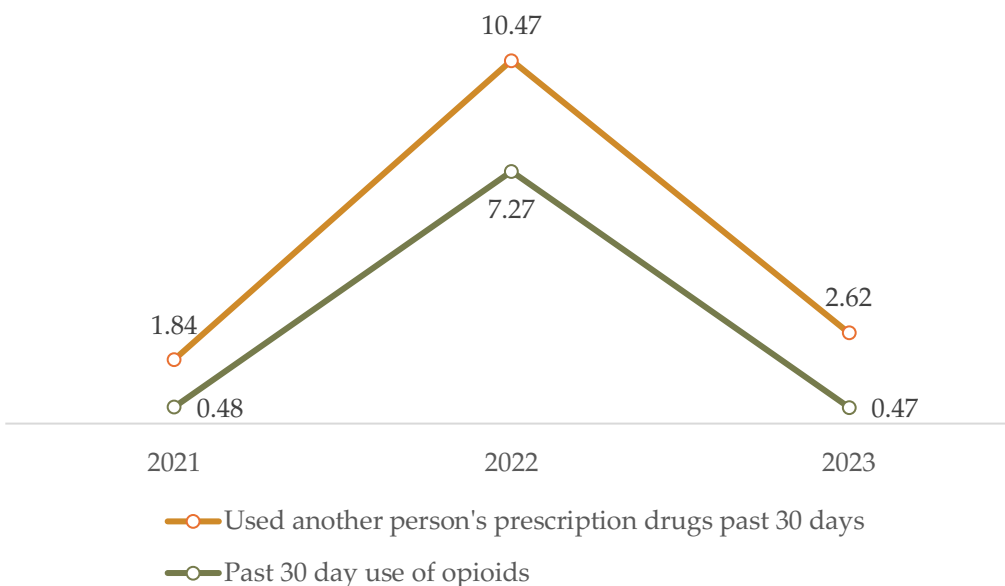
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Related to the misuse of opioids is the rate of opioid prescriptions per 100 people. The more opioids prescribed, the higher the risk of opioid misuse. In Arkansas, that rate has been nearly double the national rate since 2019. Both Arkansas and the United States have seen declines, but Arkansas averaged over 70 opioid prescriptions per 100 people in 2023. The decrease from 81 per 100 people to 71 per 100 people is a success and may be due to efforts to educate prescribers, pharmacies, and the public.

The final consumption measure involves the use of opioids and the use of other people's prescription drugs by Arkansas college students. Data on these comes from the Arkansas Statewide Collegiate Substance Use Assessment (ASCSUA) that was started in 2021. Both indicators show a large spike in 2022, with similar rates in 2021 and 2023. Researchers have yet to determine if those rates are representative of the population or sampling and methodology changes in 2022 explain the spike. Rates for 2021 and 2023 are stable and small. Future surveys will help clarify this trend.

Chart 4. Percentage of Opioid and Prescription Drug Misuse among College Students in Arkansas, 2021-2023

Opioid and prescription drug misuse among Arkansas college students remained low and stable between 2021 and 2023. However, 2022 data show a spike in both indicators that may be due to sample and methodological changes, chiefly the lack of random sampling techniques. Future surveys will provide a clearer picture.



Data Source: Arkansas Statewide Collegiate Substance Use Assessment (ASCSUA)

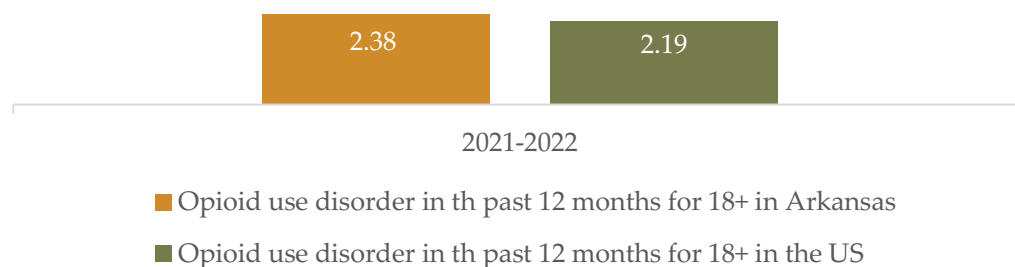
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Opioid Consequences

The percentage of adults reporting opioid use disorders in the past year remains small and similar in Arkansas and the United States (roughly 2%), though Arkansas estimates are slightly higher. Again, only the most recent year of national survey data is available. Over the past several years, treatment admissions per 100,000 people for opioids, fentanyl, and heroin have decreased in Arkansas, the former from 2,000 to 1,576 and the latter from 564 to 388. This could be due to efforts to abate the opioid crisis or to a lack of treatment services. However, treatment services have increased over the past several years, so decreases in those admitted to treatment is likely due to statewide efforts to abate the opioid crisis.

Chart 5. Percentage of Adults with Opioid Use Disorder in Arkansas and the US, 2021-2022

The percentage of adults reporting an opioid use disorder in Arkansas was roughly the same as those in the US.



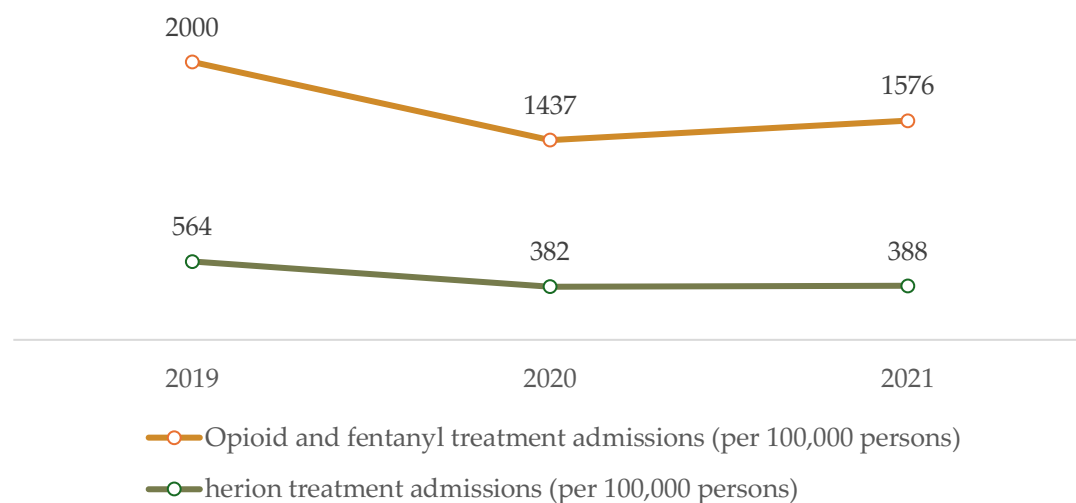
Data Source: National Survey on Drug Use and Health (NSDUH)

Note: Estimates from 2021-2022 are not comparable to estimates from previous years due to changes in NSDUH survey methodology (<https://pdas.samhsa.gov/saes/state>).

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Chart 6. Opioid-Related Treatment Admissions per 100,000 persons in Arkansas, 2019-2021

The rate of those admitted for opioid, fentanyl, and heroin treatment decreased slightly between 2019 and 2021. State-level data is used over county-level data to avoid data suppression.



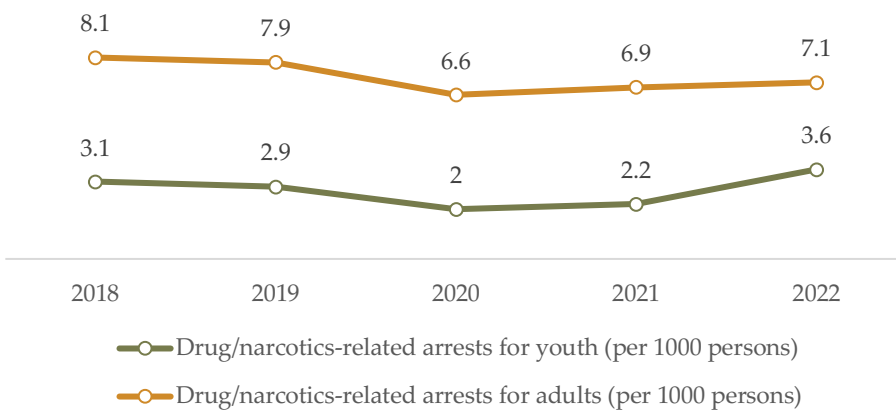
Data Source: Alcohol/Drug Management Information System (ADMIS)

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Youth and adult drug/narcotic arrests per 1000 people in Arkansas have remained stable, with youth rates roughly half of adult rates. Arrests can be a function of changes in crime or changes in enforcement, but rates since 2019 appear to show stability in enforcement efforts and drug crimes.

Chart 7. Youth and Adult drug/narcotics arrests in Arkansas per 1000 persons in Arkansas, 2018-2022

The rate of drug/narcotics arrests remained relatively stable over the past few years, with adults experiencing more arrests than youth.



Data Source: Arkansas Crime Information Center (ACIC)

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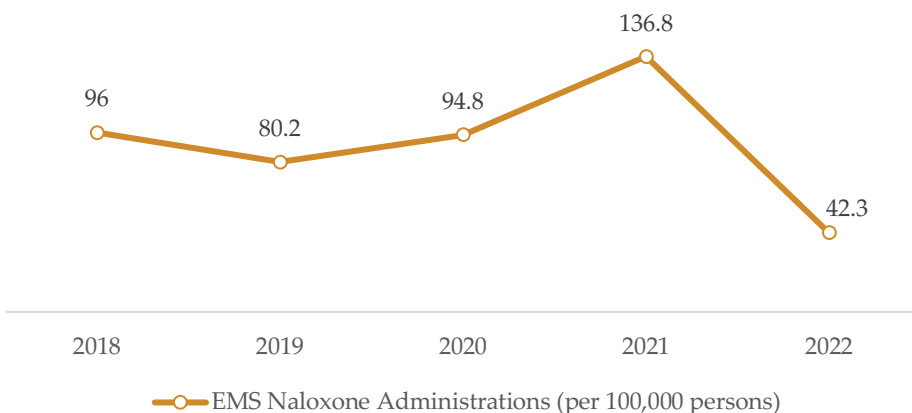
When it comes to health-related outcomes, rates of Emergency Medical Services (EMS) administrations of naloxone (a medicine that rapidly reverses an opioid overdose) spiked in 2021 and dropped sharply in 2022. Future EMS data will show if this trend continues.

According to the Center for Disease Control (CDC), opioid-related deaths in Arkansas (roughly 14 per 100,000 people in 2022) remain lower than in the United States (roughly 25 per 100,000 people in 2022), but both have continued to increase since 2019. However, data from the Arkansas State Crime Lab shows the raw number of opioid-related deaths has decreased slightly from 495 in 2021 to 436 in 2023.

Lastly, according to the Arkansas Department of Health, the number of fatal overdoses decreased, while non-fatal overdoses remained the same.

Chart 8. Emergency Medical Services Naloxone Administrations per 100,000 persons in Arkansas, 2018-2022

The rate of EMS naloxone administrations increased between 2018 and 2021, with a sharp decrease in 2022.

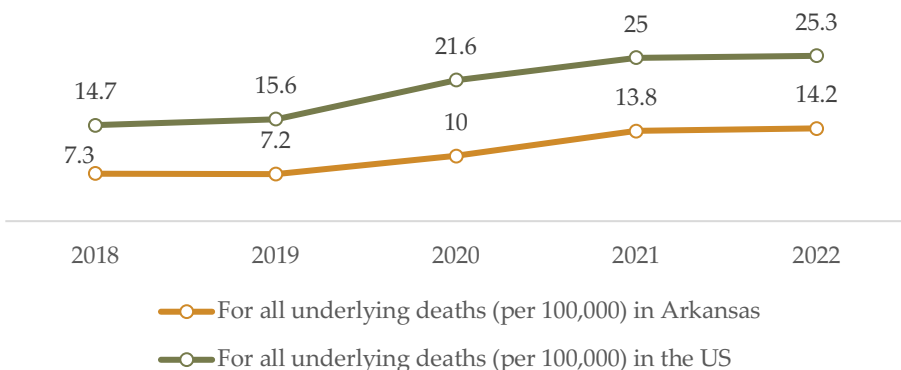


Data Source: Arkansas Department of Health

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Chart 9. Opioid Related Deaths per 100,000 persons in Arkansas and the US, 2018-2022

The rate of opioid-related deaths increased over the past few years, but Arkansas rates remained below US rates.



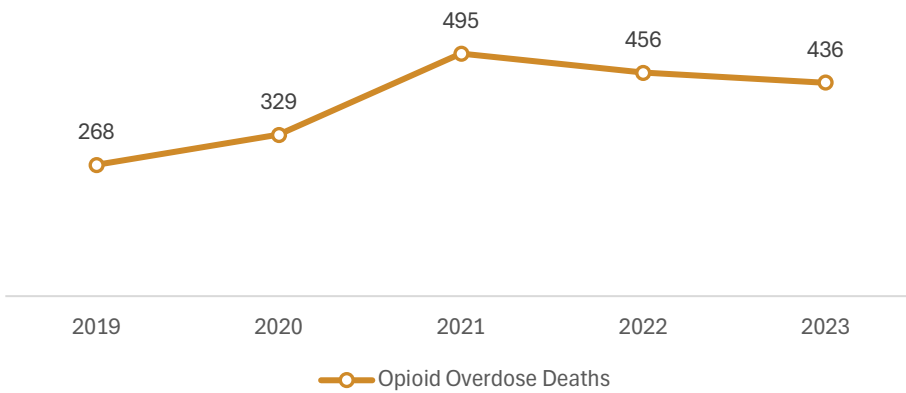
Data Source: CDC Wonder

Note: Estimates are age-adjusted rates for underlying causes of deaths from International Classification of Diseases (ICD) Codes that include T40.0 (Opium); T40.1 (Heroin); T40.2 (Other Opioids); T40.3 (Methadone); and T40.4 (Other Synthetic Narcotics).

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Chart 10. Number of Opioid Overdose Deaths in Arkansas, 2019-2023

The raw number of opioid overdose deaths rose to nearly 500 in 2021 but has decreased in the past couple of years.

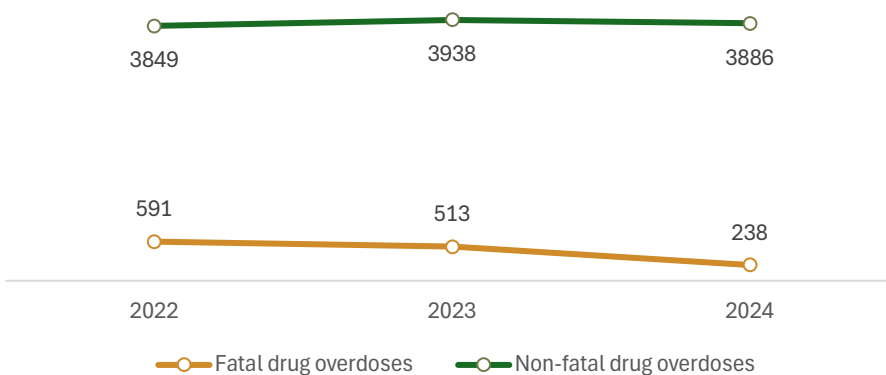


Data Source: Arkansas State Crime Lab

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Chart 11. Fatal and Non-Fatal Drug Overdoses in Arkansas, 2022-2024³

The raw number of fatal overdoses decreased, while non-fatal overdoses remained the same.



Data Source: Arkansas Department of Health

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³ This does not include all of 2024.

Outcome Summary

While it is too early for outcome data to reflect the ongoing work of ARORP, key indicators show trends moving in a positive direction or stabilizing. A successful project will see trends in opioid consumption and consequences decreasing. This should include continued decreases in the misuse of opioids and prescription drugs by youth and adults, as well as decreases in the need for naloxone and fatal and non-fatal opioid overdoses. This would include rates of opioid misuse and opioid prescriptions decreasing to or below rates in the United States. It would also include future rates of opioid-related overdose deaths dropping below 2019 rate (currently these rates are nearly double the 2019 rate).

Future Evaluation

Processes

ARORP providers use REDCap forms to report on milestones, people served, and other important process measures. Over the final quarter of 2024, evaluators retooled the REDCap system to make the process easier and more accurate. This included individual logins, streamlined questions, and new forms. These changes will make reporting easier for providers and data analysis and reporting easier for researchers. In 2025, evaluators will continue to produce quarterly reports summarizing people served, as well as providing naloxone use numbers to the Arkansas Drug Director each month.

Transparency

As mentioned above, the transparency evaluation for 2025 has been through several updates to improve the scoring of each transparency area. The goal of these changes is to ensure a more detailed measurement of each element and to match elements to the work ARORP performs. Reviewers will still score transparency twice a year (January and July), but there will be only 12 total elements now scored on two dimensions.

The first dimension is how *easily the element can be found*. The scale ranges from absent (0) to very difficult to find (1), difficult to find (2), easy to find (3), and very easy to find (4). Absent means it was not found. Starting from the ARORP homepage, very easy to find means it took less than 1 minute to find; easy to find means it took between 1 and 2 minutes to find; difficult to find means it took 2 to 3 minutes to find; very difficult to find means it took longer than 3 minutes to find. The second dimension is how *easily the element can be understood*. The scale ranges from absent (0) to very difficult to understand (1), difficult to understand (2), easy to understand (3), and very easy to understand (4). Absent means it was not found. Starting from the ARORP homepage, very easy means the element used everyday language and was clear; easy means the element used everyday language and was somewhat clear; difficult means the element used some jargon and was somewhat unclear; very difficult means the element was full of jargon and unclear.

Outcomes

The outcome evaluation will continue to track the indicators detailed above. Over time, trends will become more apparent. Evaluators will also work with ARORP staff to determine what successful changes to opioid consumption and consequence measures look like in the future.

Gap Assessment

Lastly, evaluators will work with ARORP staff in the upcoming year to complete an assessment of the saturation of programming and gaps in services. This will include current process data from ARORP as well as efforts by the State of Arkansas and other providers. The goal will be to identify populations and areas of Arkansas that are saturated with services and those that are still in need of services.

Discussion

Findings

In 2024, ARORP providers served hundreds of thousands of Arkansans. This includes more than 200 million media impressions and hundreds of people who gained a bed to sleep in, peers or counselors to talk to, and resources to address opioid use disorders. MAT was provided nearly a thousand times, and demographics of those who received ARORP services were consistent with the demographics of the state.

In examining process data, evaluators found consistent evidence of missing and incomplete data (for example, “NA” or “None”). However, this does not change the interpretation of the data, and more importantly the system itself has been improved to allow data entry personnel to change existing data or enter new data when necessary. This should improve data accuracy and limit missing or incorrectly entered data in 2025.

Evaluators found that ARORP could improve transparency. Generally, ARORP was transparent with some areas to improve in 2024. This includes providing information like decision-making processes and overall efforts with more clarity. However, many of these differences can be explained by variation in reviewer efforts rather than changes at ARORP. This finding has led to an improved transparency evaluation design and tools that will be implemented in 2025.

Evaluators will also continue tracking key outcome indicators in 2025. Current outcome data does not fully illustrate the work of ARORP because they are from the start of the project. However, continued decreases in consumption and consequence data would reflect positively on the efforts discussed throughout this report. This includes rates of opioid misuse, opioid prescriptions, the need for naloxone, and opioid-related overdose deaths.

Recommendations

Process Data Collection

- Provide training on and technical assistance for the effective use of the new REDCap system to ensure accurate reporting of process data and decrease the number of providers reporting “unknown” for demographic information.
- Work with evaluators to identify and correct questions that may be confusing or provide inaccurate process measurement in the REDCap system.

People Served

- Continue the incredible work of serving thousands of Arkansans with a comprehensive approach to abate the opioid epidemic.

- For the Housing project, identify gaps in the number of people served by housing projects and in ARORP-funded beds.
- For Recovery services, identify gaps in service for the number of people in recovery with an opioid nexus.
- For Treatment services, identify gaps in the number of times MAT was provided.
- For the Hope Movement project, identify gaps in the number of referrals to mental health professionals.
- Identify gaps in the number of unique patients seen by Life Care Specialists before and after surgery.
- Increase the number of counties where naloxone kits are distributed from 49 to all 75 counties in Arkansas.
- Increase the number of individual counties represented at Trainings from 54 to all 75 counties in Arkansas.

Transparency and Outcomes

- Increase the public's ability to find and understand ARORP information by following specific recommendations from the January and July scoring of transparency.
- Work with evaluators to identify 2 consumption and 3 consequence indicators that are the most important to track over time to best understand the impact of the ARORP project.
- Complete a gap assessment with mapping to identify populations and areas of Arkansas that are saturated with services and those that are still in need of services.

Appendix A

Additional Data Presentation

Table 16: Organizations Partnered to Conduct Training with in 2024

Several projects were asked, “Which organization did you partner with to conduct training?” These are the listed organizations, excluding duplicates, missing, and incomplete data. ARORP was also excluded from this list. Several of these organizations are funded by ARORP, and Arvest Bank was the most common organization listed.

General Programs and Institutions

- 100 Families
- Illumination Foundation
- Hannah PRC
- South Arkansas Community College
- P.O.E.
- AML
- AR Head Start
- NPRA
- De Queen First Assembly
- Sharp County Fair Board
- Ideal Options
- Healthier Faulkner County Coalition
- Church of Christ Teen Challenge
- St. Luke’s Shower Ministry
- Haven United Methodist Church
- Oaklawn United Methodist Church
- Potter’s Clay
- Tri-Lakes CASA
- Watermelon Planning Committee
- Dierk and Horatio

Financial Institutions, Legal Programs, and Law Enforcement Agencies

- Arvest Bank
- Department of Finance and Administration (DFA)
- Garland County Drug Court
- North Little Rock Courts
- 3rd Judicial District Prosecutor
- Cave City Police Department
- HSPD’s ORT Conference
- 3rd Drug Task Force
- City of Hot Springs

Educational Institutions

- Fountain Lake High School
- Garland County Library
- Garland County Drug Court
- Garland County Detention Center
- Lakeside High School
- Lakeside Junior High School
- Lakeside School District & Department of Youth Services
- Lake Hamilton Middle School
- Lake Hamilton High School
- Ft. Lake Parents Getting Ahead Class
- The McGehee Elementary School
- Highland School District (Drug Awareness Program)

Recovery and Counseling

- Safe Care AR
- Guinn Clinic
- Harbor House
- The Hope Movement
- Western Arkansas Guidance and Counseling
- Houser Family Medical Center
- Dr. Randy Walker's Office
- Schroer Medical Center
- RAAD Region 8 Me Over Meth
- Covenant Recovery
- SOZO
- Garland County Jail Substance Abuse Program
- LRBA Pregnancy Center
- White River Health

Source: ARORP REDCap reporting system

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Table 17: Why People Left Housing Facilities in 2024

Several projects were asked, “why did people leave your facility?” These are collected answers, excluding missing and incomplete data. They should not be considered a complete record of all graduated, relapsed, or dismissed people, nor should they be used to count category totals.

Category	Details
Graduated/Completed	<ul style="list-style-type: none"> • Six residents graduated • Returning after treatment completion • Redeveloped relationships with family • Transitioned to work or independent living
Voluntary Exits	<ul style="list-style-type: none"> • Left voluntarily (49 cases) • 1 moved into her own place • 2 left after graduating and moving back to family • Some left to support their families • Some left for work opportunities • Moved in with family for support • One left on the first day • One left to see their kids • Left for another program
Non-Compliance/Dismissals	<ul style="list-style-type: none"> • Dismissed for non-compliance (23 cases) • Dismissed for fighting • Dismissed for testing positive for alcohol or drugs • Violation of policies and procedures • Insubordination • Staff-requested removal (2 cases) • Discharged due to administrative reasons • Two relapsed and were discharged
Medical/Mental Health Transfers	<ul style="list-style-type: none"> • Transferred to detox • Transferred to another facility • Needed higher level of care (4 cases) • Relocated to a mental health facility (3 cases)
Relapse & Withdrawal	<ul style="list-style-type: none"> • Relapsed • Withdrew voluntarily • Returned to use and sent to treatment or discharged • Some left due to parole/probation requirements
Housing Transitions	<ul style="list-style-type: none"> • Moved to independent or recovery housing • Found housing (5 cases) • Transitioned to long-term homeless shelter

Source: ARORP REDCap reporting system