

# Arorp Ort Milestones

Please complete the survey below.

Thank you!

## Description of Milestones

- |   |  |
|---|--|
| <p>1) Please discuss your milestones completed this quarter<br/>Include a brief description of progress made on all milestones. Include dates items were completed.</p> | <p>Year 2 - Quarters 3 and 4</p> <ol style="list-style-type: none"> <li>1. Investigator and Peer are continues to provide results and data to the spreadsheet database.</li> <li>2. Program Manager (Commander of the 2nd Judicial Drug Task Force) spoke at several conferences in Jonesboro, West Memphis, and Paragould about the Opioid Crisis. Also, radio morning talk shows with local Clinical Psychologist was conducted in Jonesboro.</li> <li>3. Craighead County Sheriff's Office ORT quarterly audit moved to January 2025 - Per Joy Spence.</li> <li>4. Audit report uploaded on 1.15.2025</li> <li>5. Some of the remaining funds will be used to purchase equipment before fusing period ends on 1.31.2025, the rest of the remaining funds will be returned.</li> </ol> |
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### 1st Report (Year 1)

- |                                      |  |
|--------------------------------------|--|
| 2) Hire law enforcement investigator | <input type="radio"/> No<br><input checked="" type="radio"/> Yes |
| 3) Hire peer specialist(s)           | <input type="radio"/> No<br><input checked="" type="radio"/> Yes |
| 4) Develop recovery support program  | <input type="radio"/> No<br><input checked="" type="radio"/> Yes |
| 5) Develop education materials       | <input type="radio"/> No<br><input checked="" type="radio"/> Yes |

### 2nd Report (Year 1)

- |                                      |  |
|--------------------------------------|--|
| 6) Continue recovery support program | <input type="radio"/> No<br><input checked="" type="radio"/> Yes |
|--------------------------------------|--|

### 3rd Report (Year 1)

- |                                      |  |
|--------------------------------------|--|
| 7) Continue recovery support program | <input type="radio"/> No<br><input checked="" type="radio"/> Yes |
|--------------------------------------|--|

**4th Report (Year 1)**

- 8) Yearly ARORP evaluation meeting  No  Yes

**5th Report (Year 2)**

- 9) Continue recovery support program  No  Yes

**6th Report (Year 2)**

- 10) Continue recovery support program  No  Yes

**7th Report (Year 2)**

- 11) Continue recovery support program  No  Yes

**8th Report (Year 2)**

- 12) Continue recovery support program  No  Yes

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- 13) Attended yearly ARORP evaluation meeting  No  Yes