

2025
**Annual
Report**

January 1, 2025 – December 31, 2025





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The Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming is an objective, nonpartisan research organization that strives to provide clear, accurate, and useful information to decision-makers through applied research, scientific polling, information technology services, and rigorous program evaluation.

Our evaluators conduct studies to inform funding and policy making decisions in the areas of public health, substance misuse prevention, treatment, and recovery, and criminal justice-related issues. WYSAC's mission is to improve lives through the implementation of innovative, high-quality research.

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Navigating this Report

This report is designed to help readers easily find the information they need. Because prevention, treatment, and recovery services often overlap, some programs and findings may be discussed in more than one section. To make navigation simpler, we've listed each major section below along with its starting page. Readers can use this guide to quickly jump to topics of interest or follow the report from beginning to end using the Table of Contents (see page iii) for a more complete picture of how services and outcomes are connected.

- **The Executive Summary** is on page xii.
This summary provides a brief explanation of ARORP's mission, and provides some highlighted efforts that occurred in 2025.
- **The Financial Summary and Projects Funded to Date** start on page xiii.
These summaries indicate the total amount of funds spent for 2025, total expenditures to date, and where the funds were allocated.
- **The Introduction** is on page 1.
- **Analysis and evaluation of outcome indicators** start on page 2.
These are important national and state-level consumption and consequence indicators that provide context for why the programs and services are offered.
- **Analysis and evaluation of process indicators** start on page 10.
These indicators report how many individuals were served, what services and resources were used, and where additional services might be needed.
- **Gap assessment maps** start on page 50.
These maps indicate the status of prevention, treatment, and recovery resources by county across the state.
- **Qualitative studies** start on page 63.
The studies are specifically related to ARORP-sponsored programs and provide further context, describing their implementation process, goals and objectives, successes and challenges, and overall impact on the individuals they serve.
- **The Transparency Evaluations for 2025** start on page 68.
These evaluations show how clearly and accessibly ARORP's information—such as resources, expenditures, decisions, and data—is shared online through their website and offer suggestions for improvement.
- **Overall program recommendations** start on page 71.
These recommendations suggest ways to enhance program effectiveness, and inform future program design and funding decisions.

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Executive Summary

The Arkansas Opioid Recovery Partnership (ARORP) is a joint initiative of the Association of Arkansas Counties and the Arkansas Municipal League. ARORP collaborates with a network of partners across Arkansas' cities and counties to address and reduce the profound damage caused by opioid misuse.

The annual report below presents findings for the 2025 calendar year, including evaluation results from outcome and process measures, transparency evaluations, and two qualitative studies.

In 2025, ARORP-funded prevention, treatment, and recovery initiatives made a meaningful impact on individuals, families, and communities throughout Arkansas.

Efforts of note for 2025 include:

PREVENTION

- **Targeted student interventions:** Implemented by the Prevention Recovery Coordinator (PRC) within the Prevention Recovery Education Program (PREP), these efforts were highly effective, with only 19 violations among 412 participants.
- **Naloxone Distribution:** A total of 6,207 kits were distributed to communities in 2025, with 122 kits distributed by first responders.
- **Training:** 8,440 individuals trained.
- **Media Reach:** 1,002,599,328 impressions.

TREATMENT

- 1,892 individuals received treatment services; 735 were treated for opioid misuse.
- Treatment completions (446) exceeded early discontinuations (230).
- 6,592 individual and 2,110 group mental health sessions were delivered.
- Treatment service use varied by type. About half of individuals referred to treatment or mental health services received those services, while only about one quarter of those referred to recovery services did so.

RECOVERY

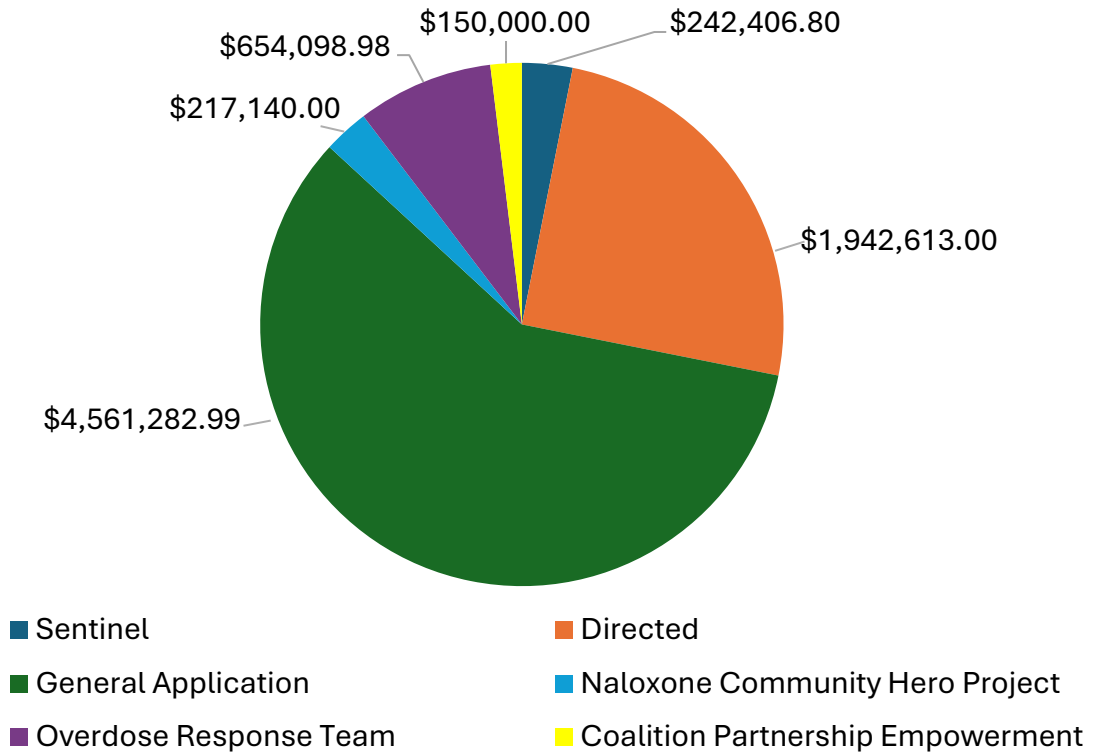
- 3,227 individuals received peer support through 6,951 one-on-one sessions.
- 3,051 individuals attended recovery meetings; 1,637 group sessions were conducted.
- 100 individuals were connected to supportive services (e.g., SNAP, TANF, WIC, HEAP).

Financial Summary 2025

In 2025, the Arkansas Opioid Recovery Partnership (ARORP) received 110 applications requesting over \$74.3 million in funding and approved 46 projects totaling \$7.3 million to support recovery efforts across the state.* A list of new projects is found in Appendix A.

- **46 applications approved** — \$7,307,994.97 funded
- **59 applications denied** — \$46,958,734.97 requested
- **6 applications withdrawn** — \$10,012,897.88 requested
- **12 applications pending review** — \$19,855,235.18 requested

APPROVED APPLICATIONS IN 2025



Proposal Type	# of Applications	Total Amount
Sentinel	8	\$242,406.80
Directed	5	\$1,942,613.00
General Application	7	\$4,561,282.99
Naloxone Community Hero Project	18	\$217,140.00
Overdose Response Team	2	\$654,098.98
Coalition Partnership Empowerment	6	\$150,000.00
TOTAL	46	\$7,767,541.77

Data Note: Money for Naloxone Hero and Sentinel projects represent credits for items purchased in previous years and are not included in the total expenditure for 2025.

Data Note: For a complete list of approved applications see Appendix A.

**Projects approved, denied, withdrawn, or pending review in 2025 may have been submitted prior to 2025.*

Projects Funded to Date

Since its creation in 2022 through the end of 2025, the Arkansas Opioid Recovery Partnership (ARORP) has funded 214 projects across all 75 counties, totaling \$35,901,267.60. This funding supported 342 sober-living beds for individuals in active recovery from opioid use disorder, with 93 percent located in faith-based recovery facilities. In addition, 54 beds were funded for residential treatment and four beds for residential detox services. Nearly 90 community organizations (89 total) became naloxone community heroes, collectively ordering 49,224 naloxone kits, equivalent to 98,448 doses. ARORP also supported the creation of 16 overdose response teams to address the root causes of overdose and provided funding to 19 coalitions for additional training and development. Across Arkansas, 40 peer recovery specialists have been funded to link individuals to recovery resources.

Projects Funded to Date

Proposal Type	# of Applications	Total Amount
Sentinel	33	Credit only
Directed	21	\$9,521,874.82
General Application	34	\$19,730,441.94
Naloxone Community Hero Project	89	Credit only
Overdose Response Team	16	\$5,708,746.84
Coalition Partnership Empowerment	19	\$475,000.00
Life Care Specialist	2	\$465,204.00
TOTAL	214	\$35,901,267.60

Data Note: Naloxone Hero and Sentinel projects represent credits for items purchased in directed projects and are not included in the total expenditure.

ITEMS FUNDED TO DATE

- 214 ARORP projects in all 75 Counties
- Beds for Detox, Treatment, and Recovery
 - 342 Beds for People in Active Recovery
 - 93% of recovery beds are in faith-based facilities
 - 54 Treatment Beds
 - 4 Detox Beds
- 49,224 Kits of Naloxone Ordered
 - 89 Community Hero Projects
- 16 Overdose Response Teams Created
- 19 Coalitions Funded
 - 7 Drug Free Community (DFC) Awardees
 - 4 coalitions in the application process
- 40 Peer Recovery Specialists funded

Number of Funded Projects Led by Faith-based Organizations (see Appendix H)

Organization Type	# of Projects	Total Amount
Faith-Based	36	\$ 12,462,135.96
Not Faith-Based	178	\$ 23,439,131.64
TOTAL	214	\$ 35,901,267.60

Introduction

The Arkansas Opioid Recovery Partnership (ARORP), an initiative of the Association of Arkansas Counties (AAC) and the Arkansas Municipal League (AML), brings together a statewide network of organizations dedicated to supporting individuals in recovery, preventing misuse before it starts, assisting Arkansans experiencing substance use disorders, and serving families affected by opioid-related loss. Its central mission is to reduce the devastating effects of the opioid epidemic through coordinated, community-driven action.

ARORP supports a broad continuum of prevention, treatment, and recovery services by funding diverse local providers. Arkansas communities and organizations may apply for targeted initiatives such as Naloxone Community Hero programs, Overdose Response Teams, and Coalition Partnership Empowerment projects, as well as other community-responsive and strategically directed efforts developed by the ARORP executive team.

Collectively, this portfolio supports approximately 92 active providers in 2025 working in partnership across cities and counties to mitigate the negative effects of the opioid crisis and strengthen the health and well-being of Arkansans.

Outcome Measures

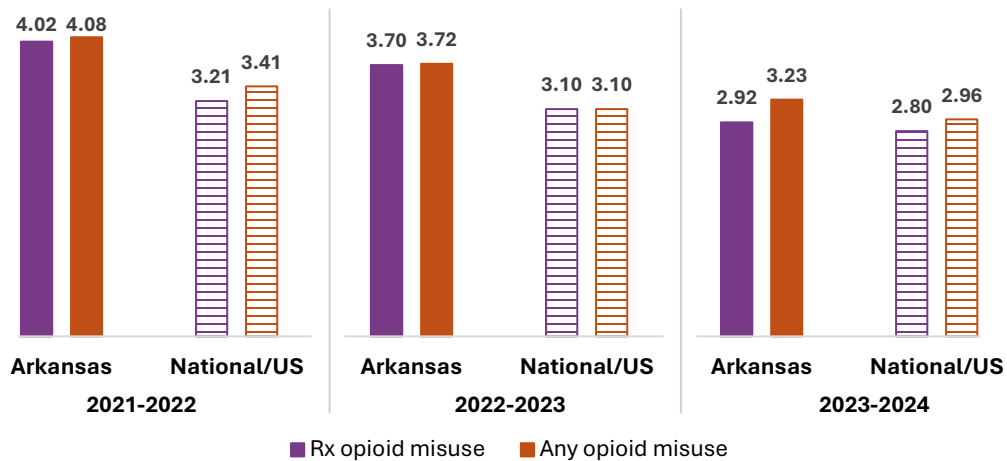
National and state-level outcome measures provide a critical foundation for evaluating the effectiveness, reach, and impact of substance misuse prevention, treatment, and recovery programs. At the national level, standardized measures allow for consistency in reporting, cross-state comparisons, and the identification of broader trends in opioid use, service utilization, and health outcomes. These measures support accountability and help ensure that programs are aligned with evidence-based practices and national priorities. At the state level, outcome measures are often more tailored to local needs, capturing variations in population characteristics, service availability, and regional challenges, such as rural access barriers or workforce shortages. Together, national and state measures create a multi-level evaluation framework that balances comparability with contextual relevance.

The integration of national and state-level outcome measures is essential for informing continuous quality improvement and strategic decision-making. By examining these measures together, evaluators can identify gaps between expected and actual outcomes, assess program performance across regions, and prioritize resource allocation where needs are greatest. These measures also enhance transparency and stakeholder communication by providing clear, data-driven insights into program effectiveness. Importantly, they enable evaluators to move beyond process tracking to assess meaningful outcomes—such as reductions in overdose rates, increased access to care, and sustained recovery—thereby strengthening the overall impact and sustainability of public health initiatives.

OPIOID CONSUMPTION

Figure 1: Percentage of Adults Reporting Opioid Misuse in Arkansas and the US, 2021-2024

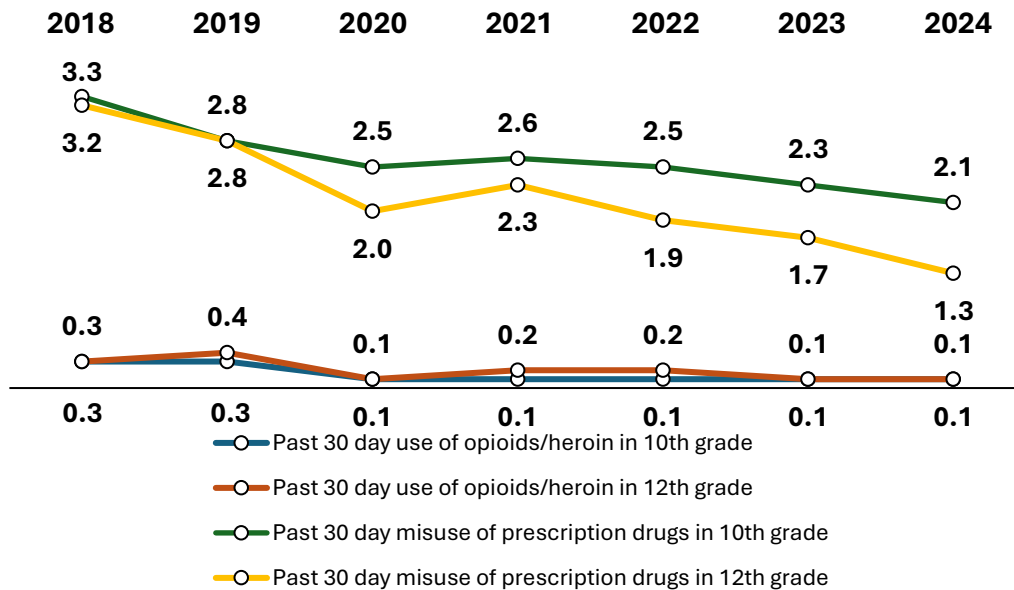
The percentage of adults reporting opioid misuse remains slightly higher in Arkansas than the national average, although rates have been trending downward.



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

Figure 2: Percentage of Opioid and Prescription Drug Misuse among 10th and 12th Graders in Arkansas, 2018-2024

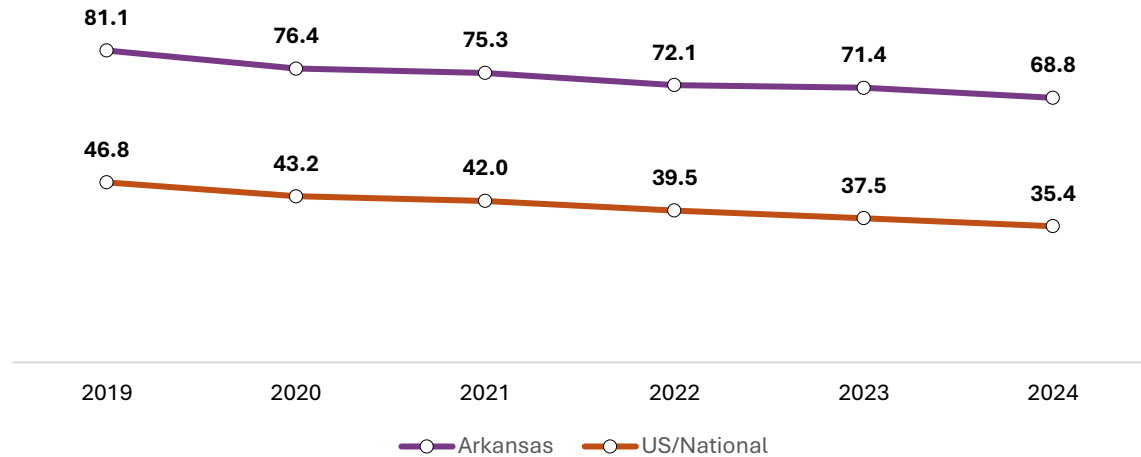
Opioid/heroin use remained very low, while prescription drug misuse decreased among 10th and 12th graders in Arkansas.



Data Source: Arkansas Prevention Needs Assessment (APNA)

Figure 3: Arkansas Prescription Opioid Dispensing Rates per 100 persons, 2019-2024

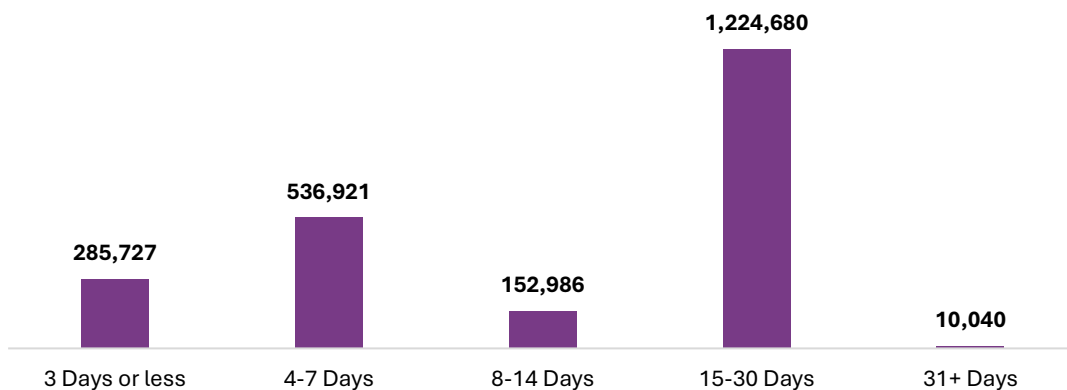
Although opioid dispensing rates in Arkansas declined from 81.1 per 100 persons in 2019 to 68.8 in 2024, they remained consistently about twice as high as the U.S. average, which decreased from 46.8 to 35.4 over the same period.



Data Source: Centers for Disease Control and Prevention. (n.d.). Opioid dispensing rate maps. U.S. Department of Health and Human Services. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>

Figure 4: Duration of Opioid Prescriptions for AR Residents by AR Prescribers, Arkansas 2024

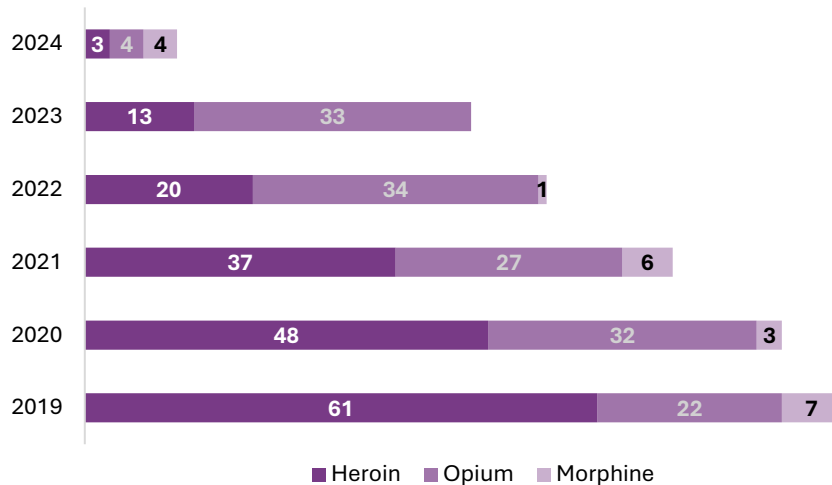
In 2022, the CDC updated opioid prescribing guidelines to promote safer practices, recommending shorter prescription durations for acute pain — no longer than what is needed to address pain severe enough to require opioids — and regular evaluation of long-term opioid therapy; however, prescribing patterns in Arkansas continue to reflect longer durations and higher dispensing rates than national averages.



Data Sources: 1) AR PDMP merged with RxNorm. Includes all dosage forms, liquids, patches, tablets, capsules, suspensions, etc. Prescriptions written by AR prescribers to AR residents; 2) Centers for Disease Control and Prevention. (2024, May 6). Guideline recommendations and guiding principles. <https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/recommendations-and-principles.html>

Figure 5: Number of Arrests for Selling and/or Manufacturing Opioids (Heroin, Opium, and Morphine), 2019-2024

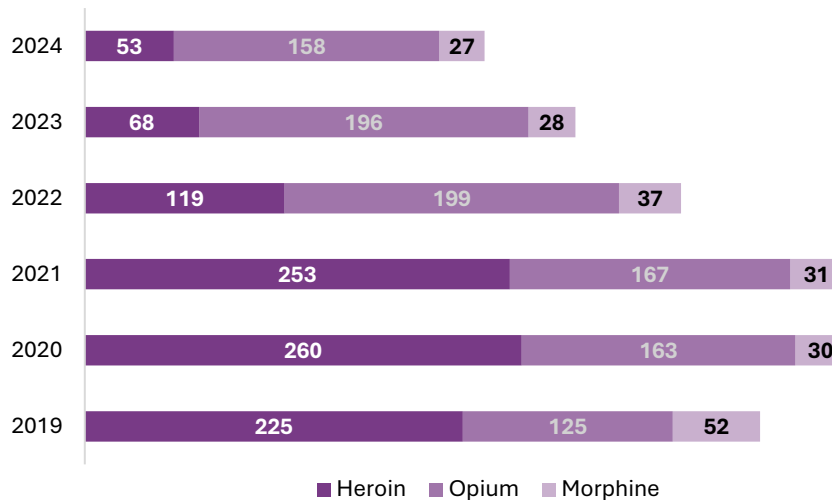
Data indicate a substantial reduction in arrests related to opioid sales and manufacturing over the six-year period (2019-2024) driven by declines in heroin-related arrests. Data is not provided for other forms of opioids, including fentanyl.



Data Source: Arkansas Department of Public Safety, Arkansas Crime Information Center. (n.d.). Drugs/narcotics assessment by contributor, 2019–2024. Arkansas Department of Public Safety. <https://dps.arkansas.gov/crime-info-support/arkansas-crime-information-center/crime-statistics/>

Figure 6: Number of Arrests for Possession of Opioids (Heroin, Opium, and Morphine), 2019-2024

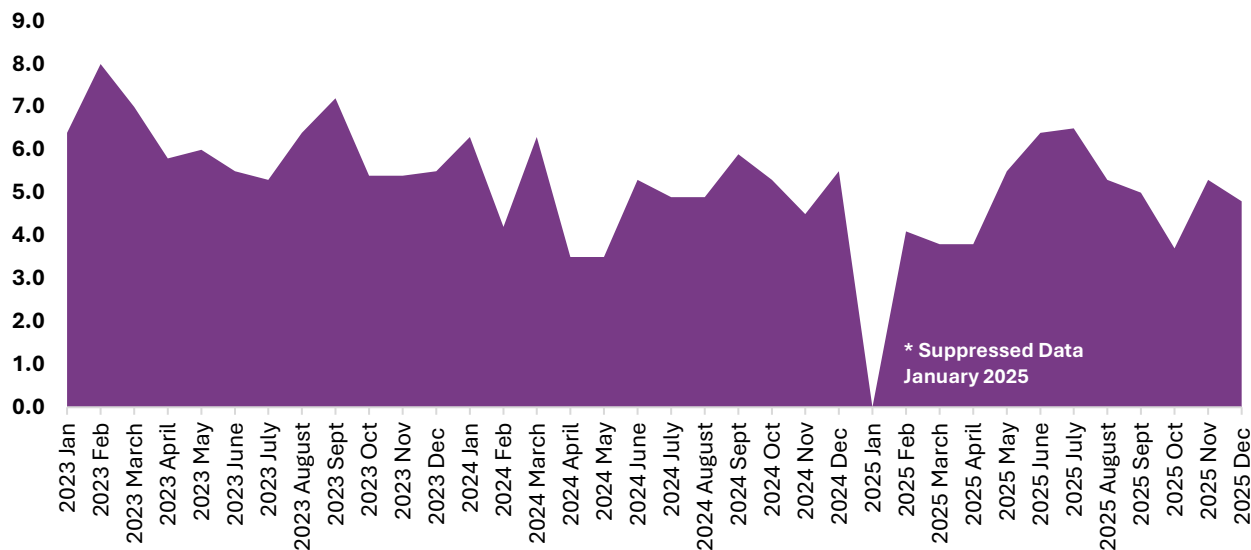
While opioid possession increased slightly during 2019-2021, they have declined considerably since 2021, with heroin consistently representing the majority of arrests within this category. Data is not provided for other forms of opioids, including fentanyl.



Data Source: Arkansas Department of Public Safety, Arkansas Crime Information Center. (n.d.). Drugs/narcotics assessment by contributor, 2019–2024. Arkansas Department of Public Safety. <https://dps.arkansas.gov/crime-info-support/arkansas-crime-information-center/crime-statistics/>

Figure 7: Suspected Nonfatal Overdose ED Visits Involving All Opioids per 10,000 Total ED Visits, Arkansas, January 2023-December 2025

Overall, the data indicate that nonfatal opioid overdose ED visits remained variable but relatively stable across the three-year period, with short-term increases and decreases rather than a consistent upward or downward trend.



Data Source: Centers for Disease Control and Prevention. (n.d.). Nonfatal overdose surveillance data (DOSE dashboard). U.S. Department of Health and Human Services. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/dose-dashboard-nonfatal-surveillance-data.html>

Table 1: Arkansas Naloxone Administration Incidences per 100,000, 2022-2025

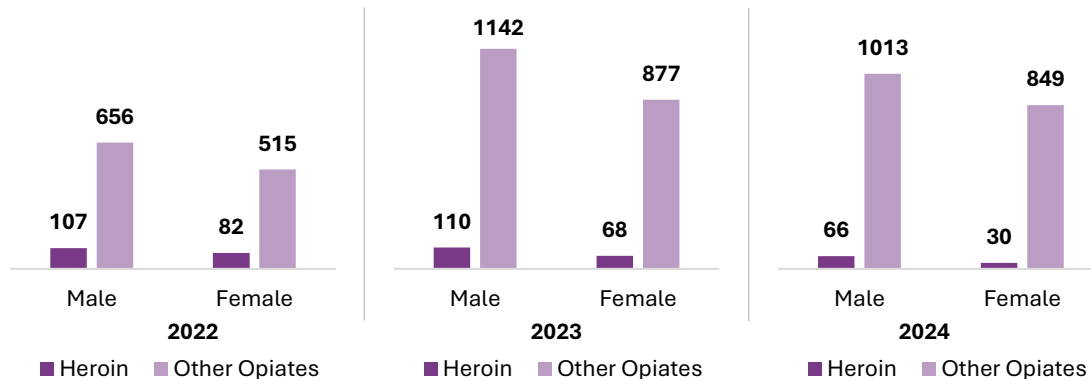
Statewide opioid-related cases remained relatively stable between 2022 and 2023 but declined substantially in 2024 and 2025. Both the total case counts and age-adjusted rate per 100,000 decreased during this period, indicating an overall downward trend in recent years.

Year	State Wide Case Count	Age Adjusted Rate per 100,000
2022	4318	135.0
2023	4270	136.9
2024	3568	112.3
2025	3463	108.1

Data Source: Arkansas Department of Health. (n.d.). Arkansas overdose and EMS naloxone administration dashboard. <https://experience.arcgis.com/experience/9f5fe533abe2451b8c1d8323888f2d52/page/Home>

Figure 8: Number of Treatment Admissions Related to Opioids by Gender 2022-2024

Treatment admissions for heroin declined between 2022 and 2024 for both males and females. Across all years, admissions for other opiates were substantially higher than heroin admissions with males consistently accounting for more admissions than females.



Data Source: Substance Abuse and Mental Health Services Administration. (n.d.). Treatment Episode Data Set (TEDS). <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>

Table 2: Number of Treatment Admissions Related to Opioids by Race, 2022-2024

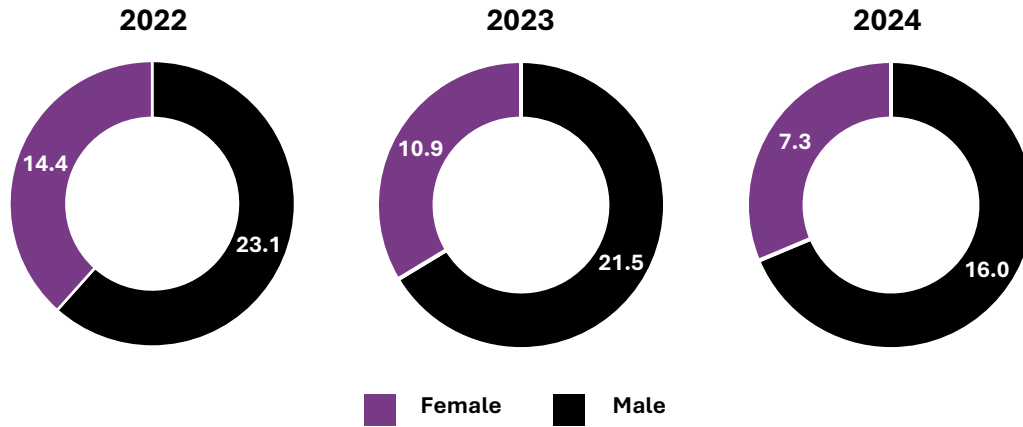
Treatment admissions for opioids by race from 2022 to 2024 show that White individuals accounted for the majority of admissions for both heroin and other opiates each year. Admissions for other opiates among White individuals increased in 2023, followed by a decline in 2024. In contrast, admissions among Black/African American individuals increased steadily from 2022 through 2024. Across all racial groups, admissions for other opiates were consistently higher than heroin, while admissions among the racial category “Other” remained comparatively low.

Race	2022		2023		2024	
	Heroin	Other Opiates	Heroin	Other Opiates	Heroin	Other Opiates
AA/AN	3	9	5	12	2	22
Black/AfAm	4	98	8	164	3	173
Asian/NA/OPI	2	2	0	11	0	7
White	180	1060	166	1830	89	1659
Other	0	1	0	2	0	0

Data Source: Substance Abuse and Mental Health Services Administration. (n.d.). Treatment Episode Data Set (TEDS). <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>

Figure 9: Arkansas Overdose Rates per 100,000 by Gender, 2022-2024

Overdose rates declined for both males and females between 2022 and 2024. Across all years, males accounted for a higher rates than females, although the rate decreased for both genders over time.



Data Source: Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: US Department of Health and Human Services, CDC; [2026, March, 4]. Access at: <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

Table 3: Arkansas Overdose Rates per 100,000 by Race, 2022-2024

Overdose rates per 100,000 declined for both White and Black/African American populations in Arkansas between 2022 and 2024. While rates were similar between the two groups in 2022, both experienced notable decreases by 2024, with the rate declining to 13.5 among Black/African American individuals and 12.6 among White individuals.

Race	2022	2023	2024
AI/AN	–	–	–
Asian	–	–	–
Black/AfAm	20.0	19.8	13.5
Multi-Race	–	–	–
NH/PI	–	–	–
White	20.7	17.6	12.6
Ethnicity	2022	2023	2024
Hispanic	–	–	–

Data Source: Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: US Department of Health and Human Services, CDC; [2026, March, 4]. Access at: <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

Table 4: Arkansas Overdose Rates per 100,000 by Age, 2022 -2024

Overdose rates per 100,000 declined across most age groups in Arkansas between 2022 and 2024, with the largest decreases observed among individuals aged 35–44 and 45–54. Although rates remained highest among adults aged 25–34 and 35–44, overall rates decreased in 2024 compared with previous years.

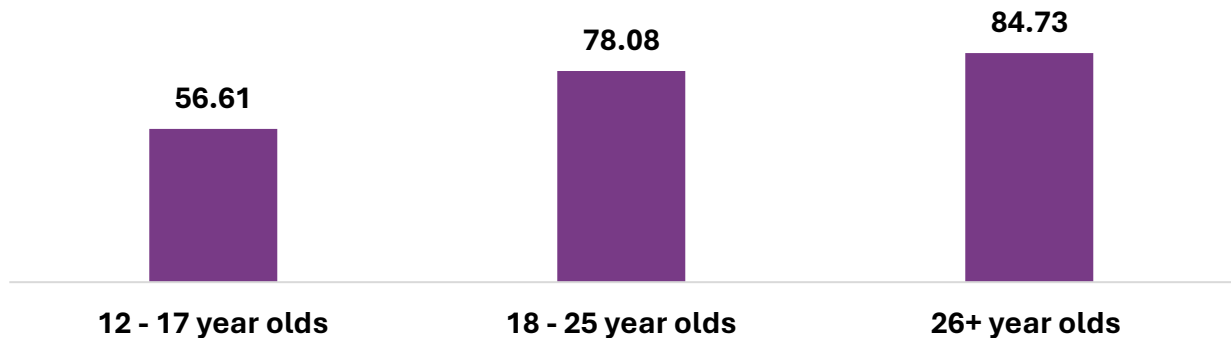
Age	2022	2023	2024
<15	–	–	–
15-24	9.6	8.9	5.0
25-34	27.7	28.0	16.1
35-44	39.5	33.5	25.2
45-54	36.2	25.1	17.6
55-64	21.1	19.7	19.9
65+	4.1	4.9	3.7

Data Source: Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: US Department of Health and Human Services, CDC; [2026, March, 4]. Access at: <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

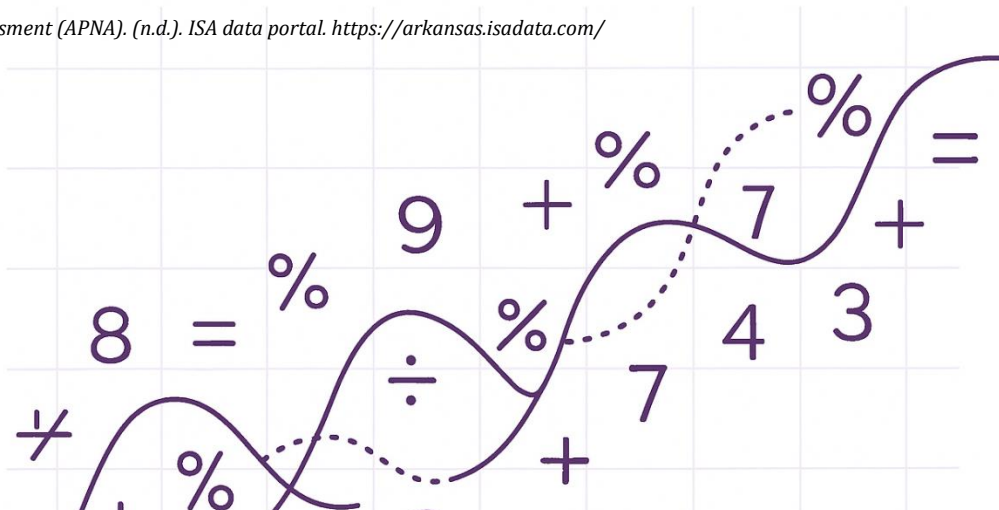
OPIOID RISK PERCEPTION

Figure 10: Behavioral Risk Perceptions by Age Group

Perceived risk of trying heroin once or twice is notably low among Arkansas youth, with only 56.6% of individuals aged 12–17 reporting great risk, compared to substantially higher perceptions among older age groups (78.1% among ages 18–25 and 84.7% among adults aged 26 and older; 2022–2023 annual averages).



Data Source: Arkansas Prevention Needs Assessment (APNA). (n.d.). ISA data portal. <https://arkansas.isadata.com/>



PROCESS DATA

Process data provides critical context for understanding how a program is implemented, not just whether it achieved its intended outcomes. While outcome data can indicate what changed, process data helps explain why those changes did or did not occur by documenting factors such as participation levels, fidelity to the model, and service delivery challenges. This information helps identify and address issues in real time, such as low engagement or barriers to access. It also ensures accountability by demonstrating to funders and stakeholders that services were delivered as planned and resources were used appropriately.

Additionally, process data is essential for accurately interpreting outcomes, as it differentiates between program effectiveness and inadequate implementation. Finally, it plays a key role in assessing reach and equity by revealing who is being served—and who is not—thereby helping programs identify disparities and improve inclusivity.

Process data of ARORP-funded programs are presented in the following pages by service category and are loosely grouped as prevention, treatment, or recovery. These categories are not exclusive, as many programs provide services in more than one area and each program has its own timeline for service delivery. Participating organizations are listed at the end of each service category.

REDCAP® DATA COLLECTION METHODS

The Arkansas Opioid Recovery Partnership (ARORP) uses Research Electronic Data Capture (REDCap®), a HIPAA-compliant system, to collect opioid-related data from funded projects. Process data are gathered through a series of standardized forms that capture measurable project activities. Providers report information quarterly in REDCap®, such as the number of people staying in ARORP-funded beds and the number of individuals trained to use naloxone. In 2025, some reporting questions were optional in Quarter 1 but became required in Quarters 2 through 4, which may create the appearance of lower numbers earlier in the year. Additionally, several questions were reworded for clarity, and new items were added to improve accuracy.

Naloxone Distribution

First Responders
Distributed
122
Naloxone Kits

Figure 11: Community Organization Naloxone Distribution by County, 2025

A total of 6,207 kits were distributed in 2025, including 15 kits distributed out of state and 792 kits for which the distribution destination was unreported. Distribution of naloxone kits by ARORP-funded community organizations is concentrated in a small number of counties, with Pulaski (1,223), Faulkner (1,181), Garland (685), and Bradley (360) receiving the majority of kits; however, most counties received fewer than 100 kits, and 23 counties show no recorded distribution. **Overall, the pattern indicates that naloxone distribution is concentrated – reflecting population centers, program hubs, and active distribution partners – while many rural/remote counties with smaller populations show comparatively low or no distribution – especially in the southwestern portion of the state.**

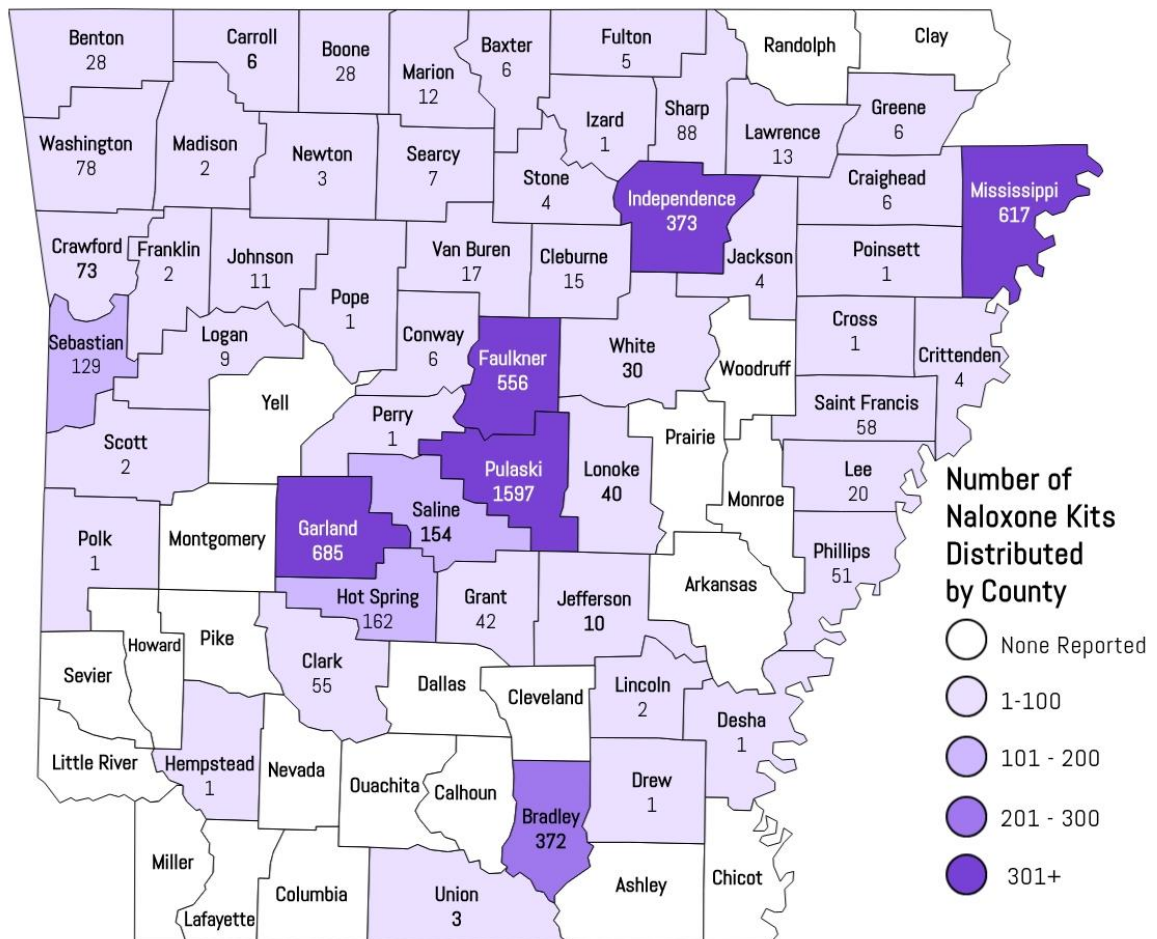


Table 5: Total Number of Naloxone Kits Distributed by ARORP Project, 2025

ARORP PROJECT	# KITS
<i>Addiction Recovery Management 2025 Hero</i>	1
<i>Better Community Development 2024 Hero</i>	168
<i>Bridging the Gap 2024 Hero</i>	120
<i>Bryant Public School 2024 Hero</i>	95
<i>Carter's Crew 2024 Hero</i>	471
<i>Christiane Long, LCSW PLLC 2024 Hero</i>	65
<i>City of Fort Smith Water Utilities 2024 Hero</i>	85
<i>City of Van Buren Police Department 2025 Hero</i>	60
<i>Death to Life (D2L) Ministries 2024 Hero</i>	0
<i>Freshly Renewed Transitional 2025 Hero</i>	32
<i>Grant County Sheriff's Office 2025 Hero</i>	21
<i>Healing in the Hood 2024 Hero</i>	616
<i>Hope Movement 2024 Hero</i>	321
<i>Hope Movement 2025 Hero</i>	610
<i>John 3:16 2024 Hero</i>	480
<i>M18 2024 Hero</i>	83
<i>Magnolia Recovery 2024 Hero</i>	333
<i>Maumelle Police Department 2025 Hero</i>	39
<i>National Association of Social Workers 2025 Hero</i>	72
<i>New Beginnings, CASA 2024 Hero</i>	370
<i>Ouachita Baptist University 2025 Hero</i>	55
<i>Perfectly Loved 2024 Hero</i>	0
<i>Riverview Hope Campus 2025 Hero</i>	20
<i>Sharing Hope 2024 Hero</i>	247
<i>Sheridan Family Pharmacy 2024 Hero</i>	18
<i>Smith Drug and Compounding 2025 Hero</i>	111
<i>Smith Drug and Compounding Inc. 2025 Hero</i>	566
<i>The Washington Co. Community Rebuilding Initiative 2025 Hero</i>	22
<i>3rd Judicial Prosecuting Attorney Drug Task Force 2024 Hero</i>	96
<i>Tisha R Jenkins LCSW PA 2025 Hero</i>	157
<i>UAMS East Regional Campus 2025 Hero</i>	129
<i>UCA 2024 Hero</i>	300
<i>UCA 2025 Hero</i>	205
<i>Union Rescue Mission 2025 Hero</i>	95
<i>Western Arkansas Counseling and Guidance Center 2025 Hero</i>	144
TOTAL	6207

Prevention Recovery Coordinator



3 Coalitions
Engaged 40+
Members

ARORP provides two years of funding to support a Prevention Recovery Coordinator (PRC) who implements the Prevention Recovery Education Program (PREP). PREP is designed to address drug use, family trauma resulting from substance misuse, and the impacts of the opioid epidemic among youth. In 2025, the program was piloted through a partnership between Hot Springs School District and the University of Central Arkansas.

HIGHLIGHTS

- Targeted student interventions were highly effective, with only 19 violations occurring after 412 students received interventions.
- Vaping nicotine accounted for nearly all substance violations, with 108 of 112 incidents involving vaping, far exceeding any other substance.

Figure 12: Total Number of Students Receiving Targeted Student Substance Misuse Interventions and Total Number Violating Policy, 2025

A total of 412 students received targeted interventions, and only 19 students violated the substance misuse policy afterward, suggesting that targeted prevention and support efforts help reduce subsequent violations.

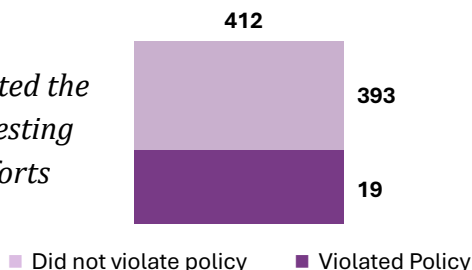


Figure 13: Total Number of Students Supported Through Group and One-on-One Meetings, 2025

The Prevention Recovery Coordinator (PRC) provided individualized and group-based support to students, conducting 25 one-on-one meetings with 22 students and facilitating 9 group support meetings attended by 48 unique students during the reporting period.

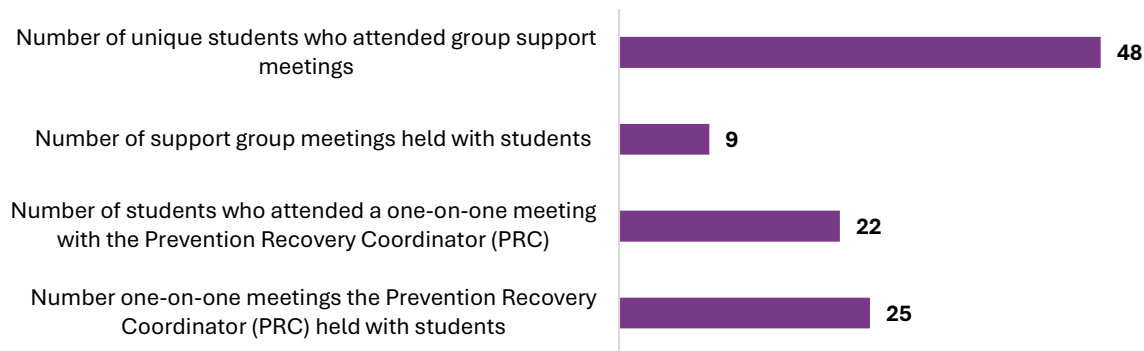


Figure 14: Total Number of Referrals to Services and Number of Students that Followed Through to Receive Services, 2025

Students were referred to substance misuse treatment, recovery services, and licensed mental health providers. All students referred to substance misuse treatment (2) and licensed mental health services (2) received services, while one student was referred to recovery services but did not receive services during the reporting period.

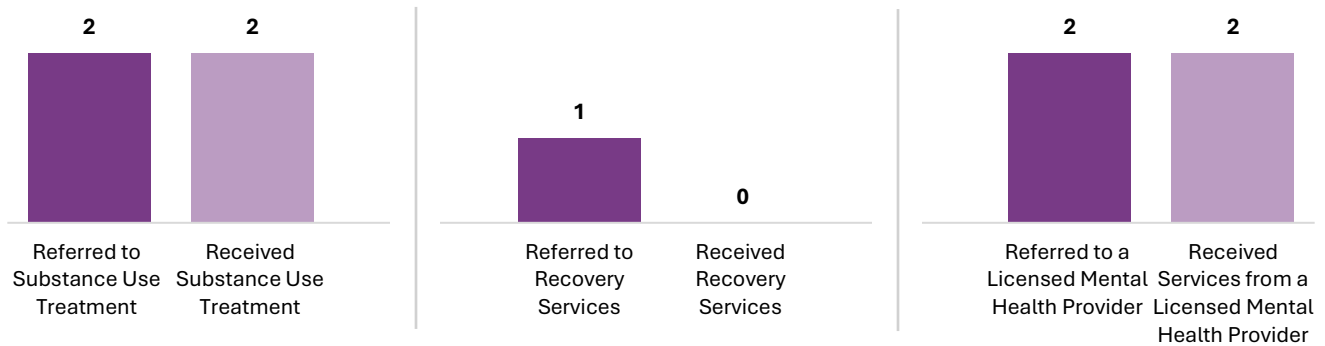


Figure 15: Total Number of Students who Violated the Substance Misuse Policy and the Substance They Used, 2025

Among 112 students who violated the substance misuse policy in 2025, the majority of violations involved vaping nicotine (108), while 4 violations involved marijuana. No violations involved opioids, methamphetamines, benzodiazepines, or other substances.



Figure 16: School-Based Coalition Reach and Engagement, 2025

The district supported 3 active school-based coalitions across 9 campuses, engaging over 40 coalition members and holding 14 coalition meetings to coordinate prevention and community engagement efforts.



Figure 17: Number of TruNarc Tests and School Resource Officer (SRO) Searches, 2025

During the reporting period, 15 SRO searches were conducted and 7 TruNarc tests were administered, with no opioids detected through TruNarc testing.

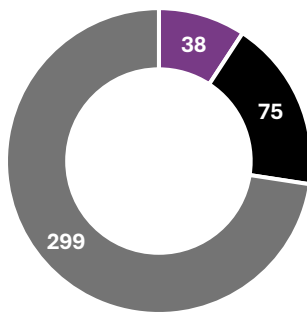
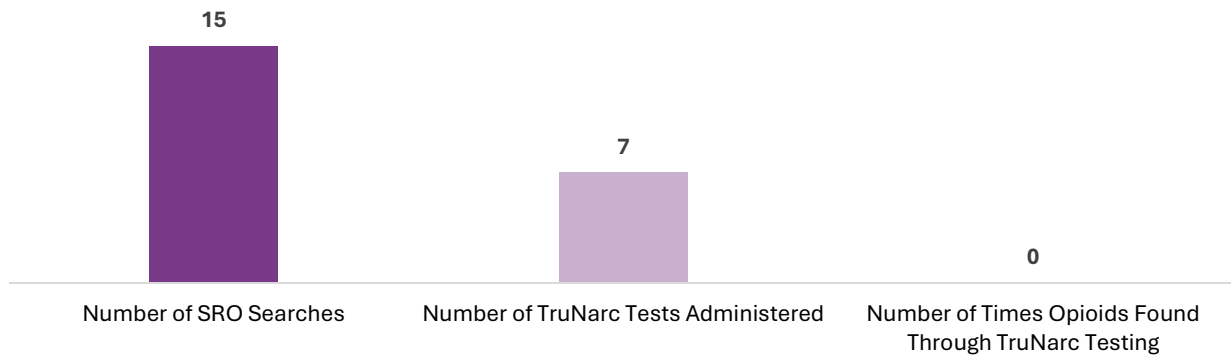


Figure 18: Number of Students Directly Served by the Prevention Recovery Coordinator (PRC) Program by Gender, 2025

Among students directly served by the Prevention Recovery Coordinator program in 2025, 75 were male and 38 were female, while gender was not reported for 299 students.

Female Male Unknown

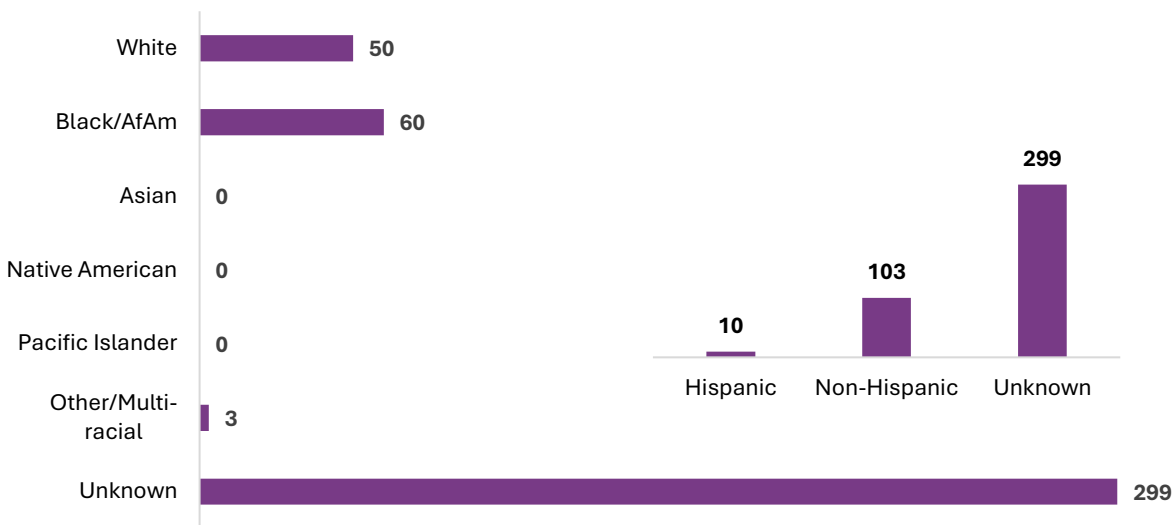
Table 6: Number of Students Directly Served by the Prevention Recovery Coordinator (PRC) Program by Age, 2025

Most identified individuals served by the PRC program in 2025 were students between the ages of 18–25 (293), followed by students aged 12–17 (111). Age was unknown for 238 individuals.

Age	Count
0-11	0
12-17	111
18-25	293
26-44	8
45-64	0
65+	0
Unknown	238

Figure 19: Number of Students Directly Served by the Prevention Recovery Coordinator (PRC) Program by Race and Ethnicity, 2025

Among students directly served by the Prevention Recovery Coordinator (PRC) program in 2025, 60 identified as Black or African American and 50 as White, with 3 identifying as Other/Multi-racial, while race was not reported for 299 students. For ethnicity, 103 students were non-Hispanic and 10 were Hispanic, with 299 recorded as unknown.



ARORP FUNDED PREVENTION RECOVERY COORDINATOR PROJECTS

- **Hot Springs School District (HSSD) Prevention Recovery Program**
- **University of Central Arkansas (UCA) Prevention Recovery Program**

COPE

The Coalition Partnership Empowerment Project (COPE) administered by ARORP is designed to build the capacity and sustainability of local prevention coalitions in Arkansas — providing selected coalitions with training, mentorship and funding (up to \$25,000) so that they can become eligible applicants for the federal Drug-Free Communities (DFC) Support Program grant.

The initiative requires attendance at specialized trainings with CADCA, including a three-week Arkansas specific academy created by CADCA called the Arkansas Opioid Academy (AOA). In addition, coalitions attend national leadership training through CADCA designed to build coalition capacity. The initiative also establishes collaborative infrastructure (e.g., memorandums of agreement/understanding if overlapping jurisdictions), and embeds evaluation protocols to ensure coalitions are prepared to leverage federal prevention funding. Throughout the program, COPE coalitions provide mentorship to another substance misuse prevention coalition to encourage sustainability within the program.

In 2025, four coalitions took part in the COPE training program:

- Cleburne County Health Coalition
- Changing Hearts and Navigating Great Endings (C.H.A.N.G.E) Coalition
- Where You Are Inc. Coalition
- I BEAT That Empowerment Coalition

These four coalitions will apply for the DFC Support Program grant in the next available funding cycle.



4 Coalitions
Completed the
Arkansas Opioid
Academy (AOA)



Treatment Services



353 People
Received MAT
This Year

Treatment services supported by ARORP are often paired with recovery services to promote sustained recovery. Funded projects may include inpatient, outpatient, intensive outpatient (IOP), and partial hospitalization programs, providing a continuum of care for individuals with substance use disorder. These treatment services typically incorporate individual group therapy, medication for opioid use disorder (MOUD/MAT), and other evidence-based clinical interventions designed to address the physical, psychological, and behavioral aspects of addiction.

HIGHLIGHTS

- A total of 1,892 unique people received treatment services, including 735 individuals in recovery for historic or current opioid misuse.
- More people successfully completed treatment (446) than discontinued treatment before completion (230).
- Mental health services were widely utilized, with 6,592 individual meetings and 2,110 group counseling sessions provided by licensed mental health providers.

Figure 20: Number of Treatment Services and Admissions for Individuals with Opioid Misuse, 2025

During the reporting period, 1,892 unique individuals received treatment services, including 735 people in recovery for historic or current opioid misuse. Treatment providers reported 845 new admissions, of which 416 involved individuals with historic or current opioid misuse.

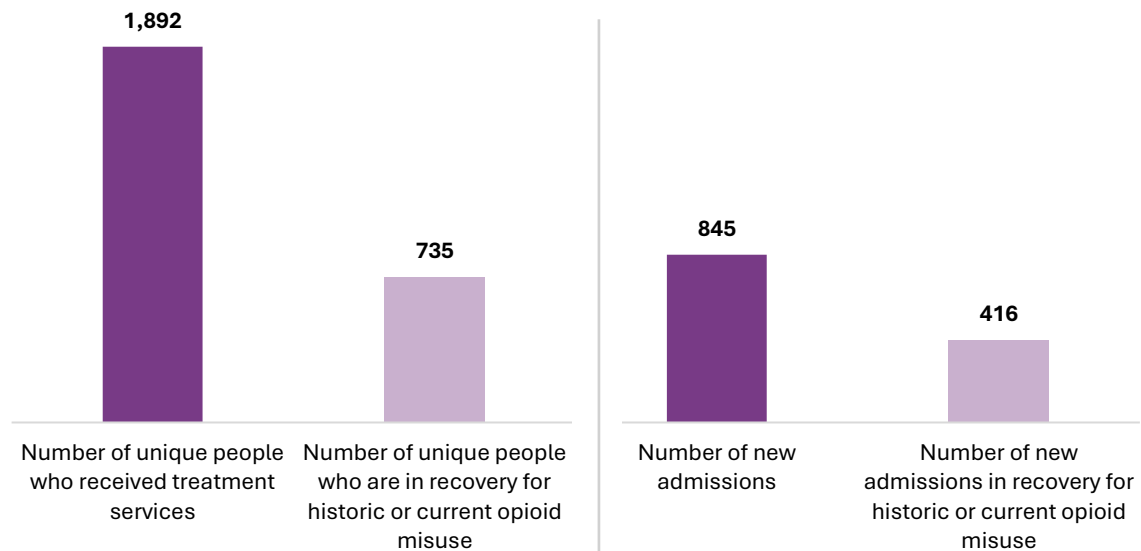


Figure 21: Number of Individuals Admitted to Residential Treatment Programs, 2025

During the reporting period, a total of 243 individuals were admitted to residential treatment in ARORP-funded beds, including 41 individuals in recovery for historic or current opioid misuse.

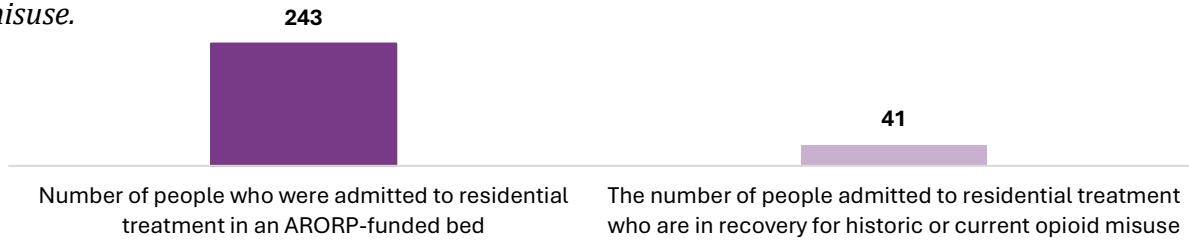


Figure 22: Number of Individuals that Discontinued and Completed Treatment, 2025

During the reporting period, a total of 676 individuals initiated treatment, 446 individuals successfully completed and were discharged, while 230 individuals discontinued treatment before completion.

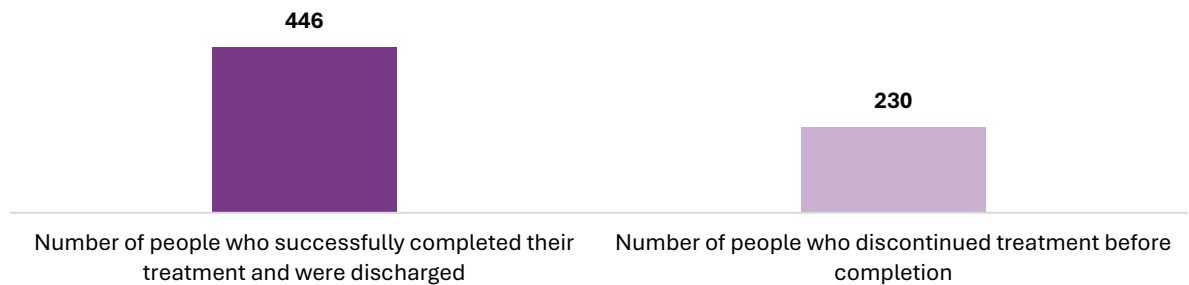


Figure 23: Number of Case Management Appointments and Clients Served, 2025

Providers conducted 977 case management appointments, serving 466 individuals who received case management services during the reporting period.



Figure 24: Number of Mental Health Services for Those in Treatment, 2025

Individuals receiving treatment also accessed substantial mental health support, including 6,592 individual meetings with licensed mental health providers and 2,110 group counseling sessions, serving 1,242 individuals in individual counseling and 1,255 individuals in group counseling during the reporting period.

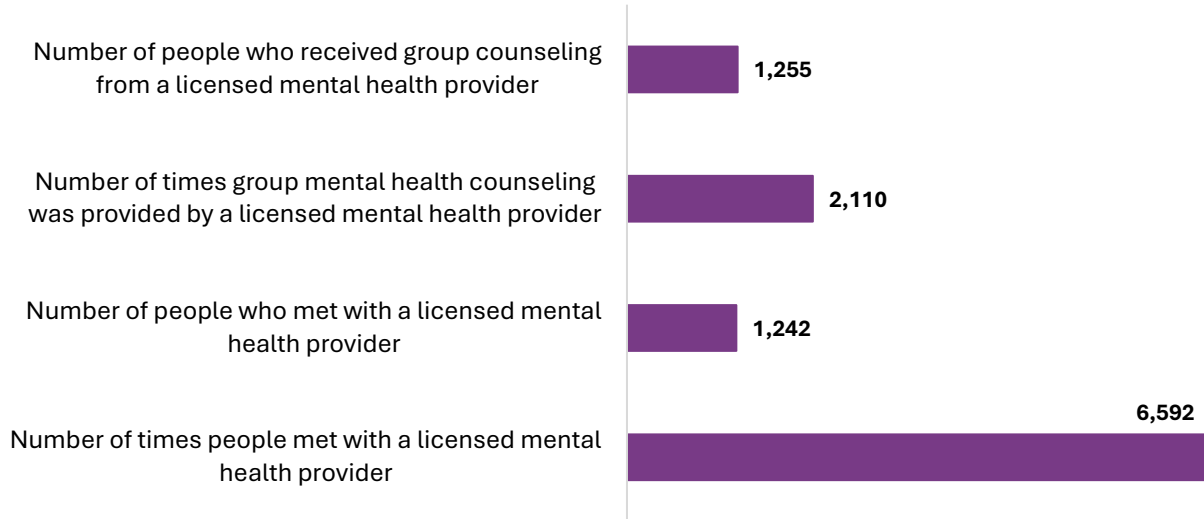


Table 7: Number of Individuals that Participated in ARORP-funded Treatment Services by Gender, 2025

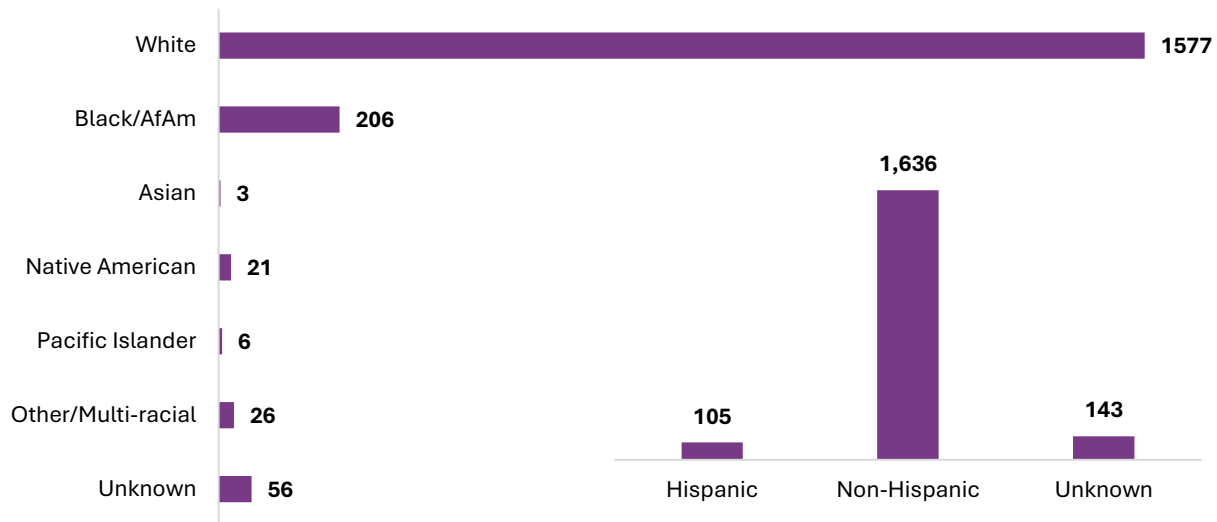
Among individuals that participated in ARORP-funded treatment services in 2025, 978 were male and 914 were female, one identified as non-binary, and 2 were unknown.

Gender	Count
Female	914
Male	978
Non-Binary	1
Unknown	2



Figure 25: Number of Individuals Served by Treatment Programs by Race and Ethnicity, 2025

Among individuals served by treatment programs in 2025, 1,577 were identified as White, 206 as Black or African American, 21 as Native American, 6 as Pacific Islander, 3 as Asian, and 26 identifying as Other/multiracial. Race was not recorded for 56 individuals. For ethnicity, 1,636 individuals were non-Hispanic and 105 were Hispanic, with 143 recorded as unknown.



ARORP FUNDED TREATMENT PROJECTS

- **Changes Behavioral Health LLC Outpatient Treatment**
- **Delta Memorial Hospital MAT Clinic**
- **Horizon Renewal Center Western Arkansas Counseling and Guidance Center (WACGC) Residential Treatment**
- **Jeremiah House dba 29:11 Recovery Detox & Residential Treatment**
- **Natural State Recovery Centers Outpatient Treatment**
- **Safe Haven Ministries, Inc. Crisis Center Renovations**
- **Sevier County Sheriff's Department Recovery Program**
- **Union Rescue Mission Treatment Program**

Figure 26: Number of Individuals in ARORP-funded Treatment by County, 2025

County-level counts represent the residence of individuals receiving ARORP-funded treatment, not the location of service delivery. The highest numbers of residents receiving treatment are in Sevier County (578), Johnson County (428), Pulaski County (327), and Washington County (246), followed by Sebastian (90) and Logan (70), with all other counties reporting fewer than 50 individuals. **The distribution indicates notable concentrations of ARORP-funded treatment in central and northwest Arkansas, as well as in select counties in the southwestern region of the state.**

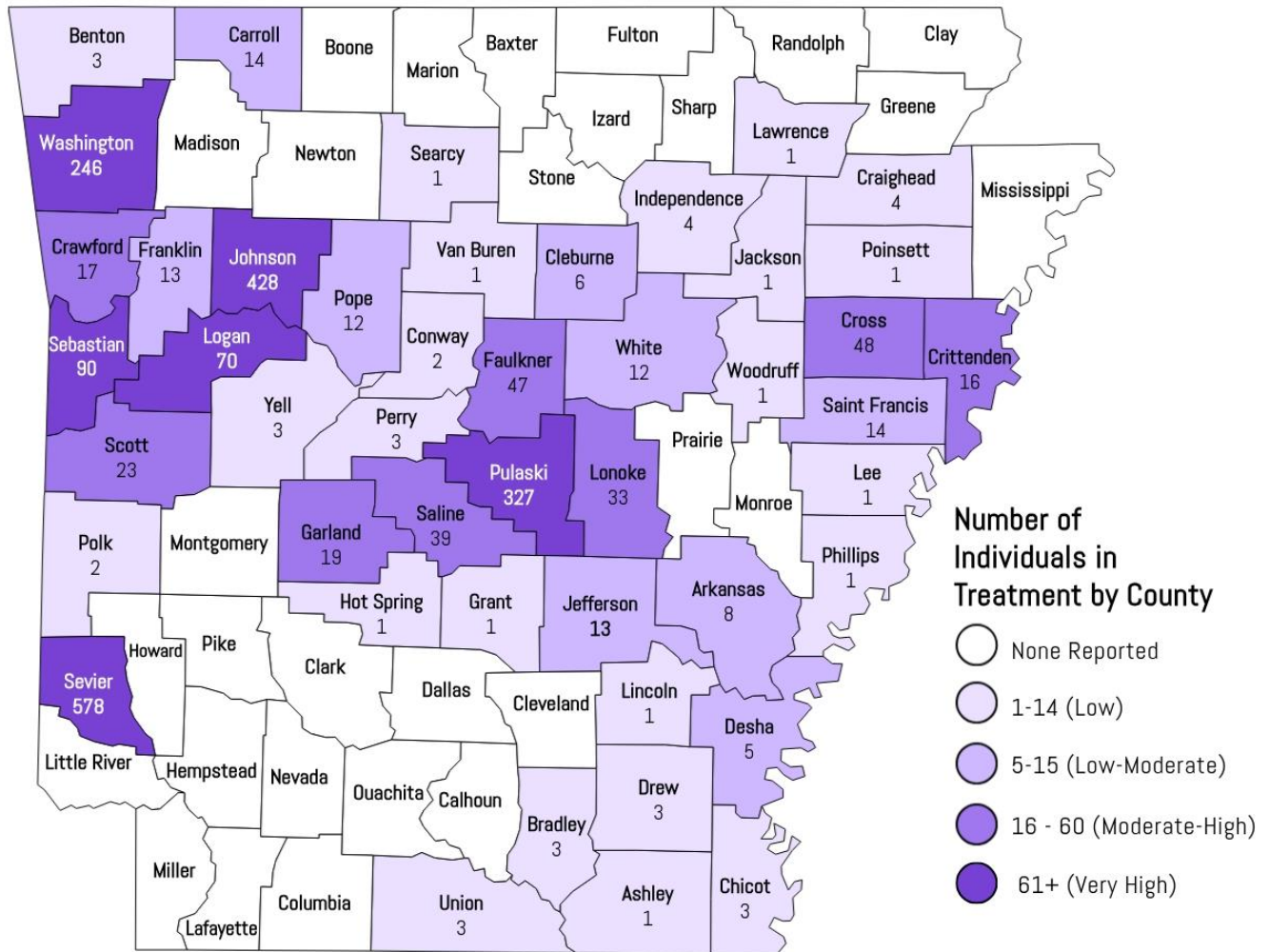


Table 8: Number of Individuals in ARORP-funded Treatment Programs, 2025

ORGANIZATION	# IN TREATMENT
<i>Changes Behavioral Health LLC</i>	80
<i>Delta Memorial Hospital</i>	21
<i>Horizon Renewal Center</i>	234
<i>Jeremiah House dba 29:11 Recovery</i>	12
<i>Natural State Recovery Centers</i>	541
<i>Safe Haven Ministries Inc.</i>	424
<i>Sevier County Sheriff's Department</i>	576
TOTAL	1888*

**Not all treatment services were registered by county.*

Overdose Response



**2,016 People
Were Served by
an ORT Peer
This Year**

ARORP-funded Overdose Response Teams (ORT) partner a overdose investigator with a peer recovery specialist (PRS) to respond to fatal and non-fatal overdoses within their jurisdiction. While the ORT investigator works to seek out the overdose source, the ORT peer conducts outreach to individuals who have experienced an overdose, as well as family members affected by a loved one’s overdose, connecting them to treatment, recovery, and mental health services during the critical period following the event.

HIGHLIGHTS

- The majority of people receiving ARORP-funded ORT services were men.
- Most were white, non-Hispanic, ages 26–44.
- Approximately 25% of individuals referred to recovery services ultimately receive them, compared to nearly 50% of those referred to treatment and mental health services.

Figure 27: Total Number of Overdose Responses by ORT, 2025

During the reporting period, the Overdose Response Team (ORT) responded to a total of 188 overdoses, with 54 fatal and 134 non-fatal. There were 99 responses that were opioid-specific and 89 involved other substances.

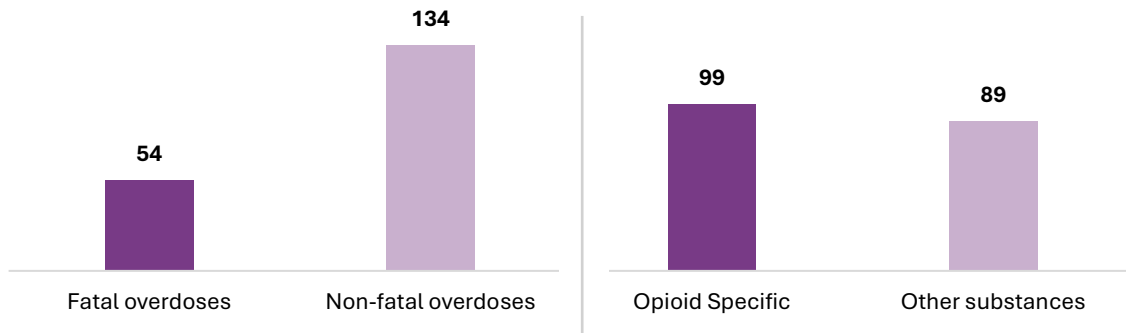


Table 9: Total Number of Overdose Case Activity Investigated by ORT, 2025

A total of 170 overdose cases were opened by the ORT investigator, of which 137 were closed during the reporting period. Additionally, 16 arrests were related to overdose cases, and 17 arrests were related to opioids.

Activity Type	Activity Count
Number of overdose cases opened	170
Number of overdoses cases closed	137
Arrests related to overdose cases	16
Arrests related to opioids	17

Table 10: ORT Referrals and Services Received by Service Type, 2025

During the reporting period, 457 individuals were referred to substance misuse treatment, with 210 (46%) receiving treatment services. Additionally, 128 individuals were referred to a mental health provider, and 63 (49%) received services. Recovery services accounted for the largest number of referrals (1,592), although 389 individuals (24%) ultimately received recovery services.

Service Type	Number Referred	Number Receiving Services	Percent Receiving Services
Substance Misuse Treatment	457	210	46%
Mental Health Services	128	63	49%
Recovery Support Services	1,592	389	24%

Figure 28: ORT Peer Support Services Provided to Individuals and Families Following Overdose, 2025

In 2025, ORT peer support specialists conducted 222 one-on-one meetings with individuals who had recently overdosed and 55 peer support meetings with their families. A total of 44 individuals who had recently overdosed participated in one-on-one peer support meetings, while 47 families of individuals who experienced an overdose met with a peer support specialist.

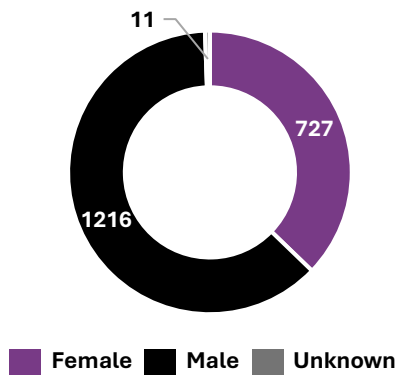


Figure 29: Number of Individuals Served by ORT Programs by Gender, 2025

A total of 1,954 individuals, 727 women and 1,216 men, and 11 unidentified received ARORP-funded ORT services.

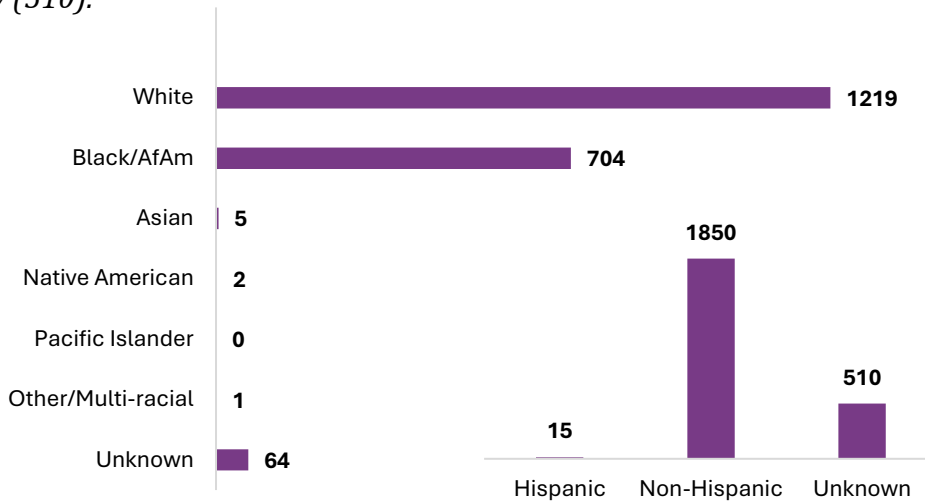
Table 11: Number of Individuals Served by ORT Programs by Age, 2025

Age	Count
0-11	6
12-17	281
18-25	454
26-44	909
45-64	291
65+	8
Unknown	61

Most individuals served by ORT programs in 2025 were adults between the ages of 26–44 (909), followed by individuals aged 18–25 (454) and 45–64 (291). Smaller numbers of youth and older adults were served, and age was unknown for 61 individuals.

Figure 30: Number of Individuals Served by ORT Programs by Race and Ethnicity, 2025

Most individuals served by ORT programs in 2025 were White (1,219) or Black/African American (704), with few individuals reported in other racial groups. The majority were Non-Hispanic (1,850), with smaller numbers identifying as Hispanic (15) or having unknown ethnicity (510).

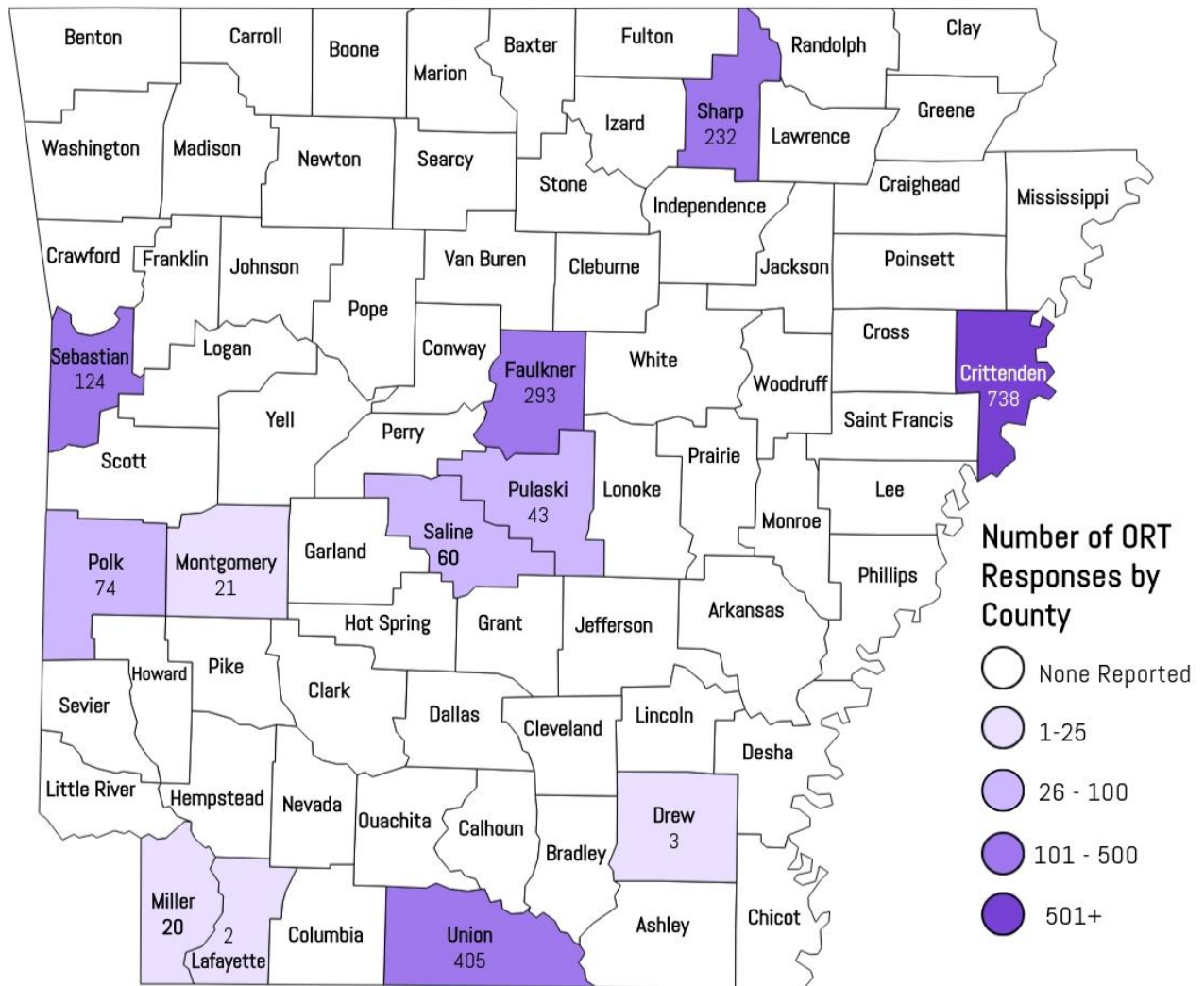


ARORP FUNDED OVERDOSE RESPONSE TEAMS

- 13th Judicial District Drug Task Force ORT
- 18th West Judicial Drug Task Force ORT
- 9th West JD DTF/South Central ORT
- Benton Police Department ORT
- Faulkner County Sheriff's Office ORT
- McGehee Police Department ORT
- Miller County Sheriff's Office ORT
- Pulaski County Sheriff's Office ORT
- Sebastian County Sheriff's Department ORT
- Sharp County Sheriff's Office ORT
- West Memphis Police Department ORT

Figure 31: Number of ORT Peer Support Specialist-involved Responses by County, 2025

County-level counts of individuals seen by an ORT peer support specialist are highest in Crittenden County (738). Other counties with comparatively high counts include Union County (405), Faulkner County (293), Sharp County (232), and Sebastian County (124). **The distribution forms a hub-like pattern centered in the state, with additional concentrations of higher numbers of ORT peer responses appearing in northern, southern, eastern, and western regions.**



Recovery Services



2,109 People
Received Court
Advocacy

Recovery support services funded through ARORP help individuals sustain long-term recovery by addressing key social and structural needs with substance use disorder (SUD), particularly opioid use disorder. Services may include recovery housing, case management, transportation, and employment support that help individuals stabilize their lives while maintaining recovery. Peer recovery specialists may also be an important part of this process. These trained individuals with lived experience provide mentorship, encouragement, and guidance to people navigating treatment and recovery. By connecting individuals to resources and offering ongoing support, peer specialists help strengthen capacity and improve long-term recovery outcomes.

HIGHLIGHTS

- Peer support specialists provided a large number of one-on-one services, with 6,951 individual meetings conducted, reaching 3,227 individuals.
- Group recovery meetings also served many participants, with 3,051 people attending recovery meetings, while 1,637 group substance misuse recovery meetings were hosted by ARORP-funded recovery service organizations.

Figure 32: Number of Peer Support and Recovery Services, 2025

In 2025, peer support specialists conducted 6,951 one-on-one meetings, serving 3,227 individuals. Additionally, 3,051 individuals attended group recovery meetings, and 1,637 group substance misuse recovery meetings were hosted by the organization. Individuals may be counted more than once across categories.

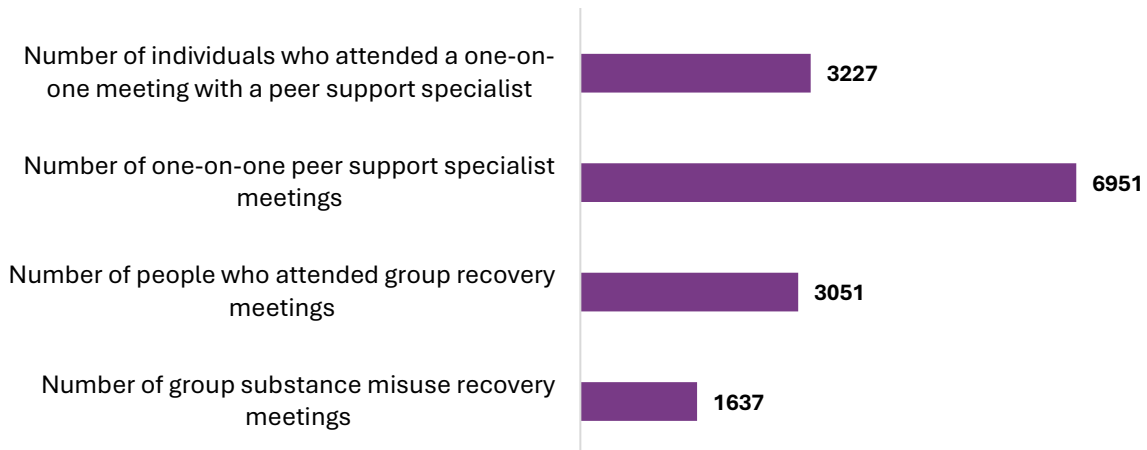


Figure 33: Number of Mental Health and Treatment Recovery Services, 2025

In 2025, 811 referrals were made to licensed mental health providers, with 771 individuals receiving mental health services. Additionally, 822 referrals were made for substance misuse treatment, and 737 individuals received treatment services.

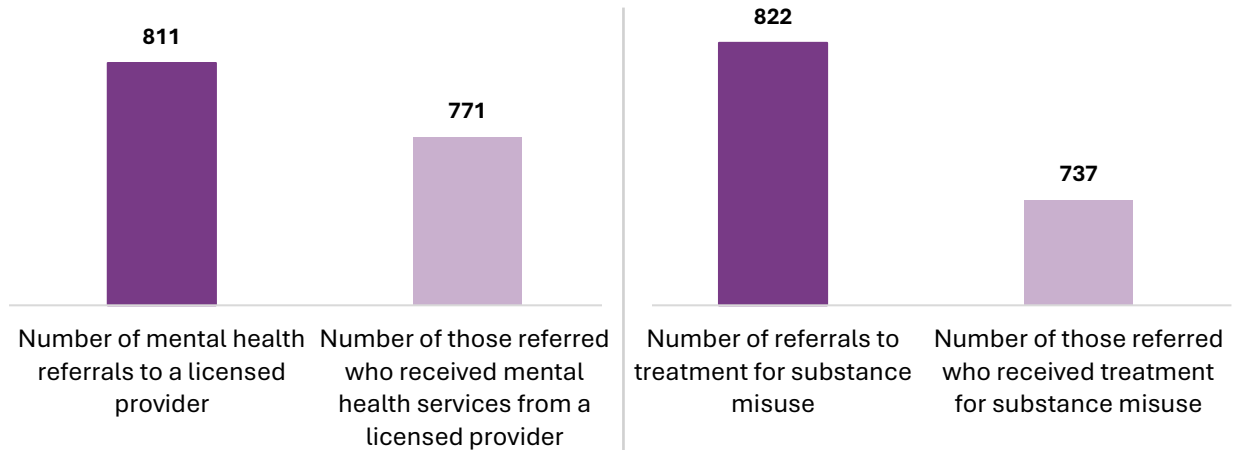


Figure 34: Number of Recovery Educational Classes Delivered and Attendance, 2025

In 2025, a total of 5,095 education class sessions—such as anger management and parenting classes—were conducted, with 57,022 individuals attending at least one education class.

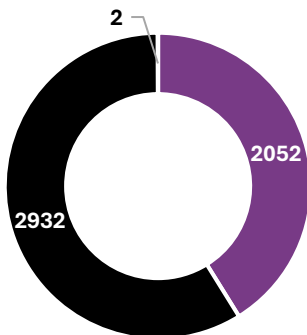


Figure 35: Number of Individuals Who Received Recovery Services, 2025

A total of 4,986 individuals, 2,052 women, 2,932 men, and 2 non-binary individuals received ARORP-funded Recovery support services.

Female Male Non-binary

Table 12: Number of Individuals Served by Recovery Programs by Age, 2025

Age	Count
0-11	7
12-17	28
18-25	566
26-44	3006
45-64	1224
65+	76
Unknown	103

Most individuals served by recovery programs in 2025 were adults aged 26–44 (3,006), followed by those aged 45–64 (1,224) and 18–25 (566). Smaller numbers of youth and older adults were served, and age was unknown for 103 individuals.

Figure 36: Number of Individuals Served by Recovery Programs by Race and Ethnicity, 2025

In 2025, most individuals served by treatment programs were White (4,244), Black/African American (544), or Other/Multiracial, with few individuals reported in other racial groups. The majority were Non-Hispanic (4,473), with smaller numbers identifying as Hispanic (170) or having unknown ethnicity (376).

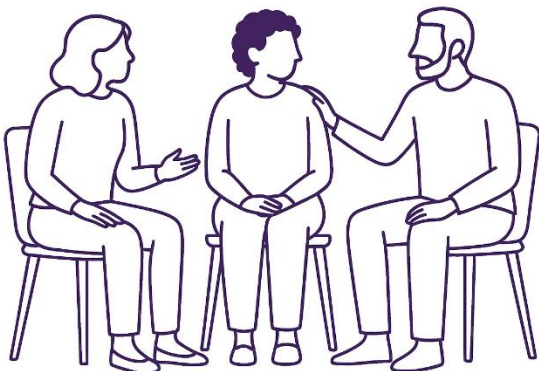
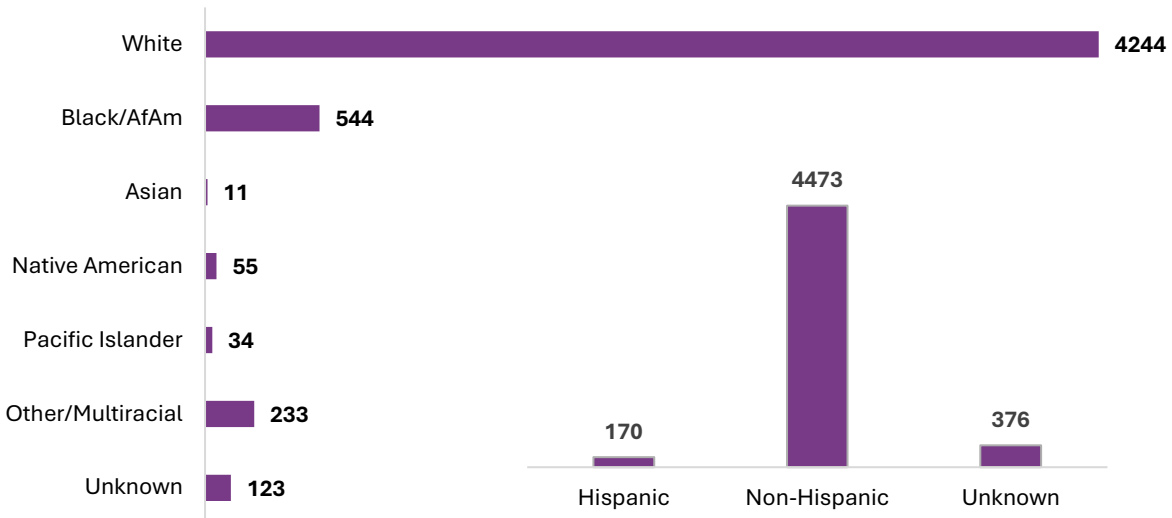


Table 13: Number of Individuals Who Received ARORP-funded Peer Recovery Support Services (Not Including Housing or Treatment Projects), 2025

A total of 599 individuals were served, with the largest number reported by Five West Crisis Stabilization Unit Western Arkansas Counseling and Guidance Center (WACGC) Recovery Program in Sebastian County (320), followed by Riverview Hope Campus (162 in Sebastian County and 3 in Crawford County). Smaller counts were reported across Clay, Logan, Faulkner, and other counties, indicating a concentration of peer recovery support services in Sebastian County.

Organization	County	Count
Clay County Opioid Coalition & Piggott Community Hospital Recovery Program	Clay County	48
Five West Crisis Stabilization Unit WACGC Recovery Program	Sebastian County	320
Logan County Detention Center WACGC Recovery Program	Logan county	32
Riverview Hope Campus Recovery Program	Sebastian County	162
Riverview Hope Campus Recovery Program	Crawford County	3
Riverview Hope Campus Recovery Program	Other (outside Arkansas - Oklahoma)	2
University of Central Arkansas (UCA) Prevention Recovery Program	Faulkner County	32
Total		599



**ARORP FUNDED RECOVERY PROJECTS
(NOT INCLUDING HOUSING AND TREATMENT)**

- Clay County Opioid Coalition & Piggott Community Hospital Recovery Program
- Five West Crisis Stabilization Unit Western Arkansas Counseling and Guidance Center (WACGC) Recovery Program
- Logan County Detention Center WACGC Recovery Program
- Riverview Hope Campus Recovery Program
- University of Central Arkansas (UCA) Prevention Recovery Program

Housing Services



353 Families
United This
Year

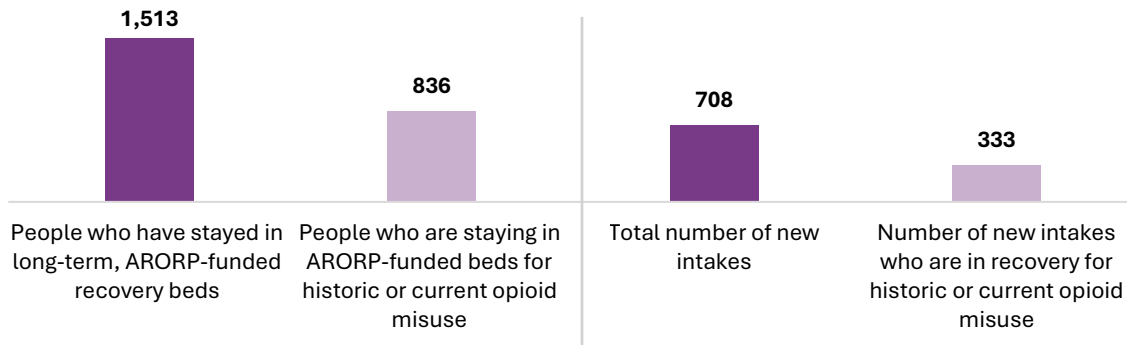
ARORP funds both respite housing and long-term recovery housing. Respite housing provides short-term accommodation for individuals awaiting placement in treatment or other services, while long-term recovery housing offers a structured, sober environment that supports recovery through peer support, access to services, and life skills development. Programs typically last six months to over a year and aim to reduce the risk of relapse.

HIGHLIGHTS

- In 2025, more men than women stayed in ARORP-funded housing beds.
- Most people who stayed in ARORP-funded beds were white and non-Hispanic.
- Of the known demographics, most individuals who stayed in ARORP funded housing are between the ages of 18 and 25.

Figure 37: Total Number of Individuals in ARORP-funded Beds, 2025*

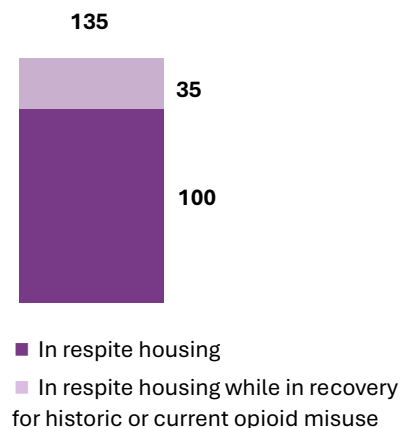
A total of 1,513 individuals stayed in long-term ARORP-funded recovery beds during the reporting period, including 836 individuals with historic or current opioid misuse. During the same period, 708 new intakes were recorded, of which 333 were individuals in recovery from historic or current opioid misuse.



*Opioids do not need to be the individual's primary drug of choice.

Figure 38: Total Number of Individuals who Received Respite Housing, 2025*

Respite housing is short-term stays of approximately two weeks or less while individuals await transition to treatment, mental health services, long-term recovery housing, or other supportive services. In 2025, 135 people received respite house with 35 of those people in recovery for historic or current opioid misuse.



*Opioids do not need to be the individual's primary drug of choice.

Figure 39: Total Number of Individuals Who Left a Facility, 2025

A total of 860 individuals left ARORP-funded beds in 2025, with voluntary withdrawal being the most common reason (348), followed by discharge (191), graduation (161), and transfer to a higher level of care (141). Few individuals left due to returning to substance use (19).

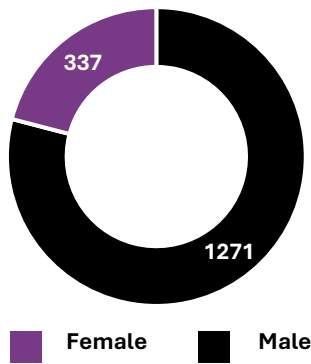
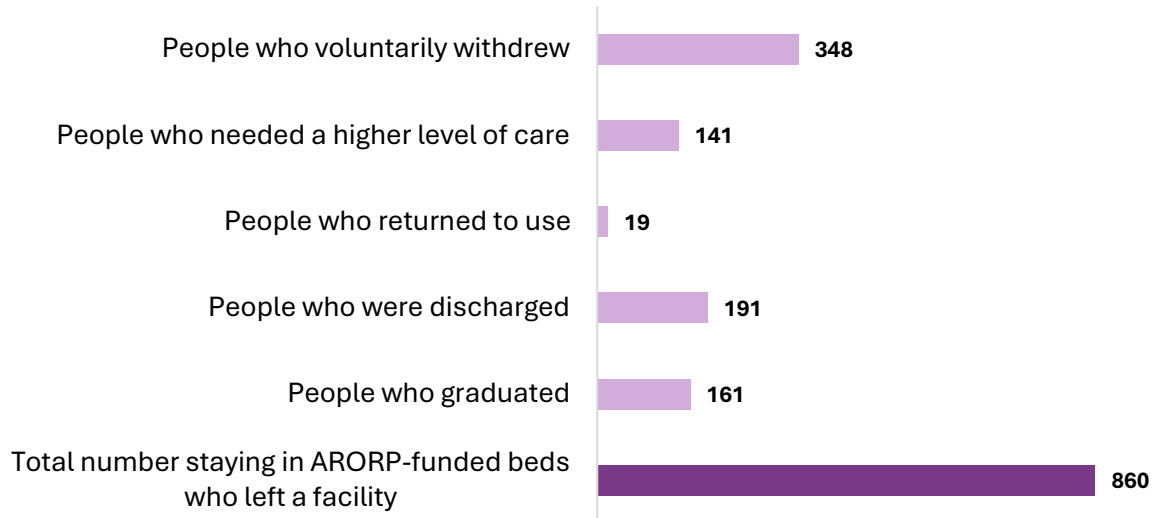


Figure 40: Total Number of Individuals Who Received Housing Services by Gender, 2025

A total of 1,608 individuals, 337 women and 1,271 men, received housing services through ARORP-funded facilities.

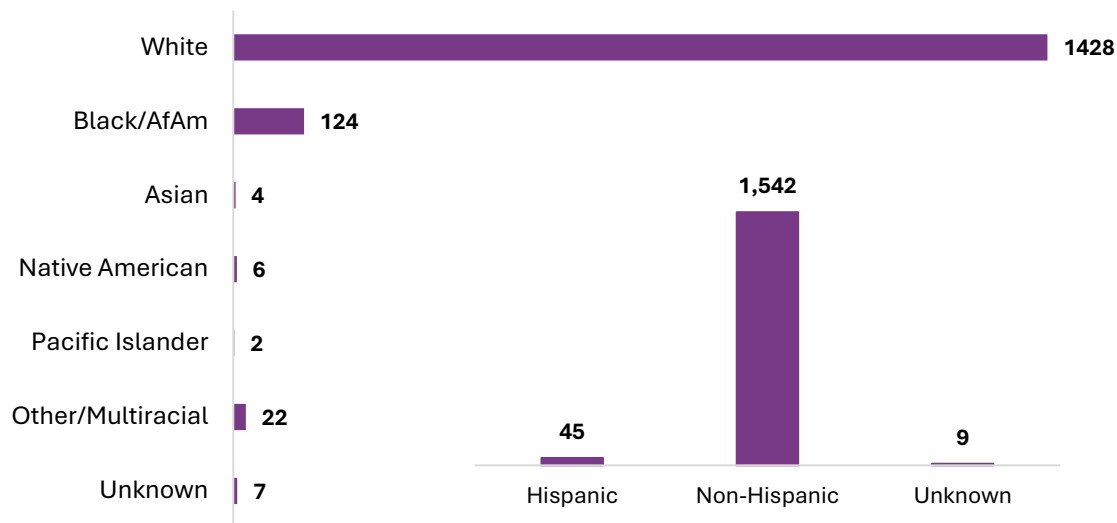
Table 14: Total Number of Individuals Who Received Housing Services by Age, 2025

Most individuals who received housing services in 2025 were between the ages of 18–25 (943) and 26–44 (425). A large number of records had unknown age (1,271), while relatively few individuals were under age 18 or over age 45. Six (6) individuals under the age of 11 received respite housing services.

Age	Count
0-11	6
12-17	214
18-25	943
26-44	425
45-64	10
65+	2
Unknown	1271

Figure 41: Total Number of Individuals Who Received Housing Services by Race and Ethnicity, 2025

Most individuals who received housing services in 2025 were White (1,428), followed by Black/African American individuals (124), with relatively small numbers reported for other racial groups. In terms of ethnicity, the majority of individuals served were non-Hispanic (1,542), while 45 individuals identified as Hispanic and 9 had unknown ethnicity.



ARORP FUNDED HOUSING PROJECTS

- ARM 180 Men's Housing
- Life in Victory Camp Powderfork Men's Housing
- HEARD Women's Housing
- Hope's Bridge Inc. Men's Housing
- Invade Women's Housing
- John 3:16 Ministries Women's Housing
- Next Step Recovery Men's Housing
- Recovery Center of the Ozarks Men's Housing
- Renewal Ranch Men's Housing
- Safe Haven Ministries Inc. Crisis Center Renovations*
- The Harbor Men's Housing

*Safe Haven provides respite housing.

Figure 42: Number of Individuals Placed in ARORP-funded Residential Housing by County, 2025

*This map displays the county of origin of the number of individuals in ARORP-funded housing. White County has the highest number (434), followed by Bradley County (360), Faulkner County (122), Pulaski County (103), and Lonoke County (97), while most remaining counties had fewer than 50 individuals. **The geographic distribution highlights the concentrated numbers of individuals placed in residential housing in central and northeast Arkansas, and select counties in the southern and western regions of the state.***

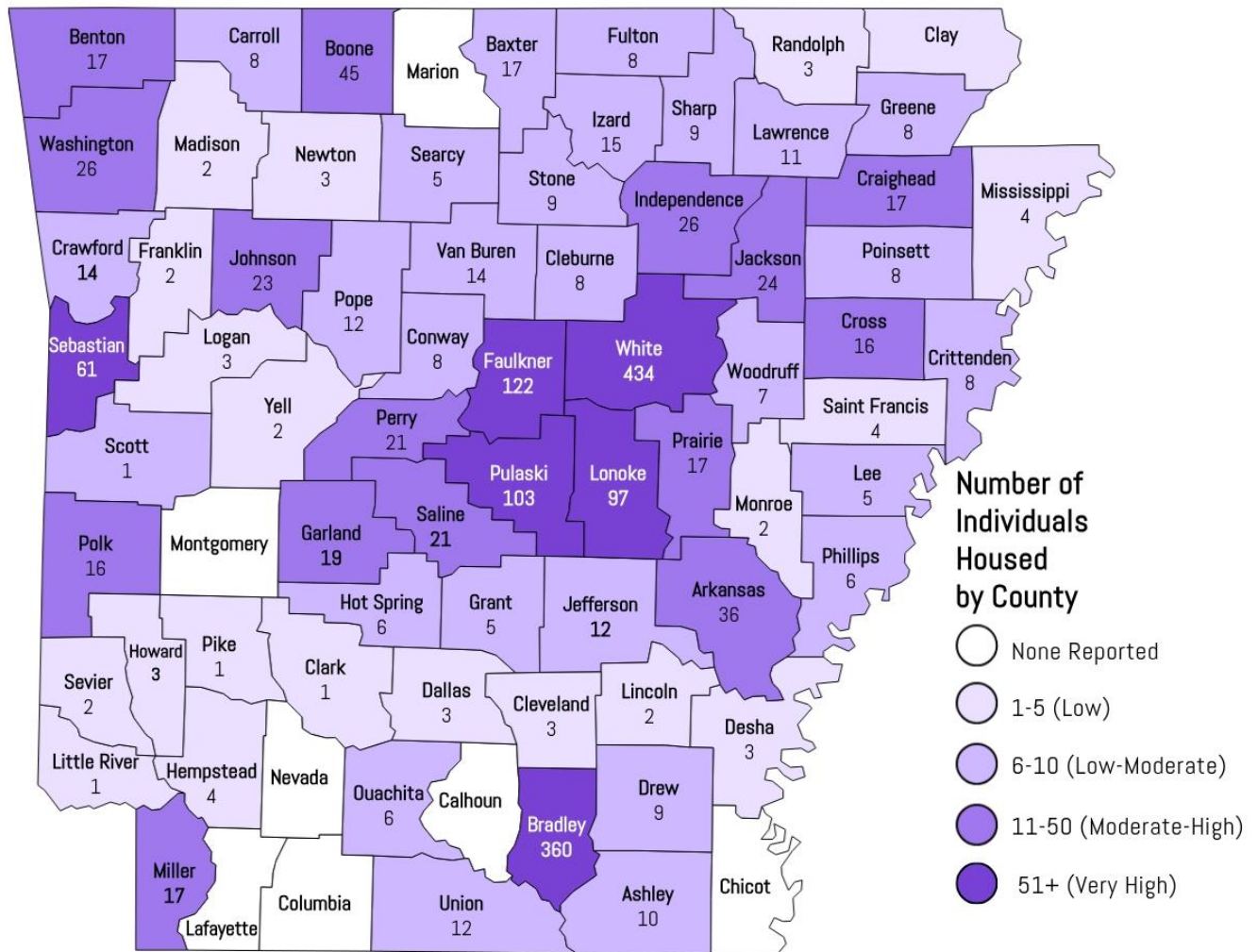


Table 15: Total Number of Individuals in ARORP-funded Residential Housing by Organization, 2025

ORGANIZATION	# HOUSED	
<i>ARM 180 Recovery</i>	25	<i>*82 individuals came from outside the state of Arkansas</i>
<i>Camp Powderfork Life in Victory</i>	668	
<i>HEARD, Inc.</i>	31	
<i>Hope's Bridge, Inc.</i>	66	
<i>Invade Transitional Home</i>	16	
<i>John 3:16 Ministries</i>	184	
<i>Next Step Recovery Housing</i>	97	
<i>Recovery Center of the Ozarks</i>	64	
<i>Renewal Ranch</i>	377	
TOTAL	1528*	



Life Care Specialists



Family/Caregiver Support was Provided 390 Times

Life Care Specialists (LCS) serve as integrated members of hospital care teams, working to prevent opioid misuse by educating patients and staff about pain management, addiction risks, and healthy coping strategies before misuse begins. LCS staff also help connect patients to community-based services and resources, supporting safer recovery and reducing the risk of opioid dependence while improving overall patient outcomes.

HIGHLIGHTS

- 100 people were connected with supportive services such as SNAP, TANF, WIC, HEAP, Head Start, food pantries, etc.

Figure 43: Number of Targeted Interventions and Number of Patients in Recovery for Historic or Current Opioid Misuse (Opioid Nexus), 2025

Life Care Specialists served 1,406 unique patients and 38 unique patients with an opioid nexus.

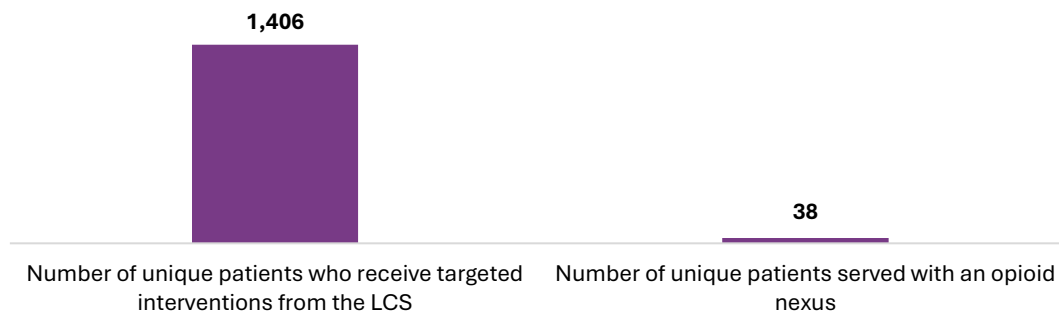


Figure 44: Number of Referrals and Number of Patients Receiving Mental Health and Recovery Services, 2025

Life Care Specialists made 37 referrals to licensed mental health providers and 7 referrals to recovery services. Of those referred, 15 patients received mental health services and 4 received recovery services, indicating partial follow-through among patients referred for additional care.

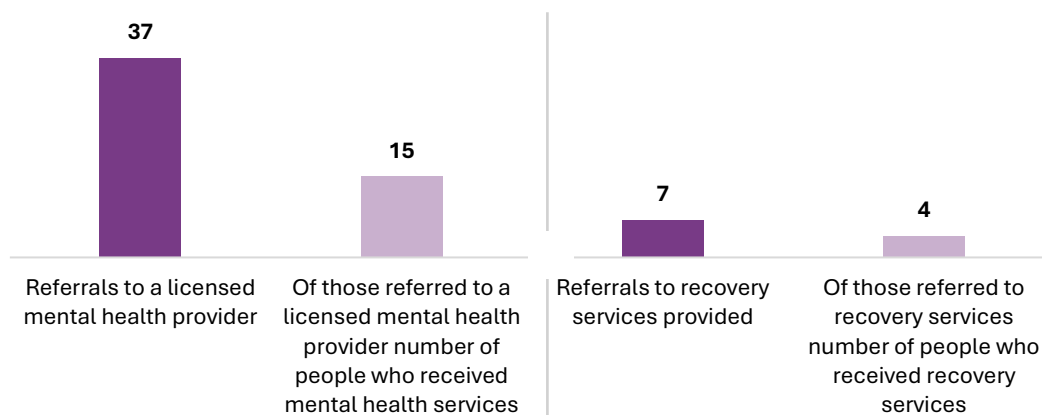


Figure 45: Number of Life Care Specialist (LCS) Visits Before and After Surgery, 2025

Life Care Specialists conducted 627 patient visits prior to scheduled surgery (pre-operative care) and 558 visits after surgery (post-operative care), supporting patients with care coordination and follow-up throughout the surgical process.

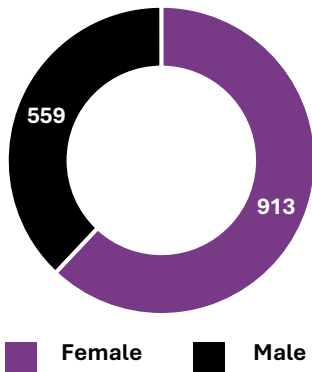
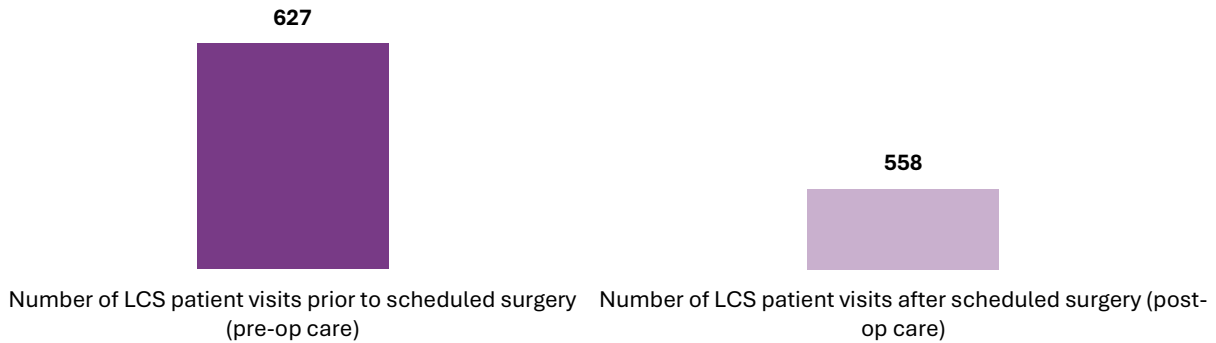


Figure 46: Total Number of Individuals Who Received Life Care Specialist Services (LCS) by Gender, 2025

A total of 1,472 individuals, 913 women and 559 men, received Life Care Specialist Services through ARORP-funded programs.

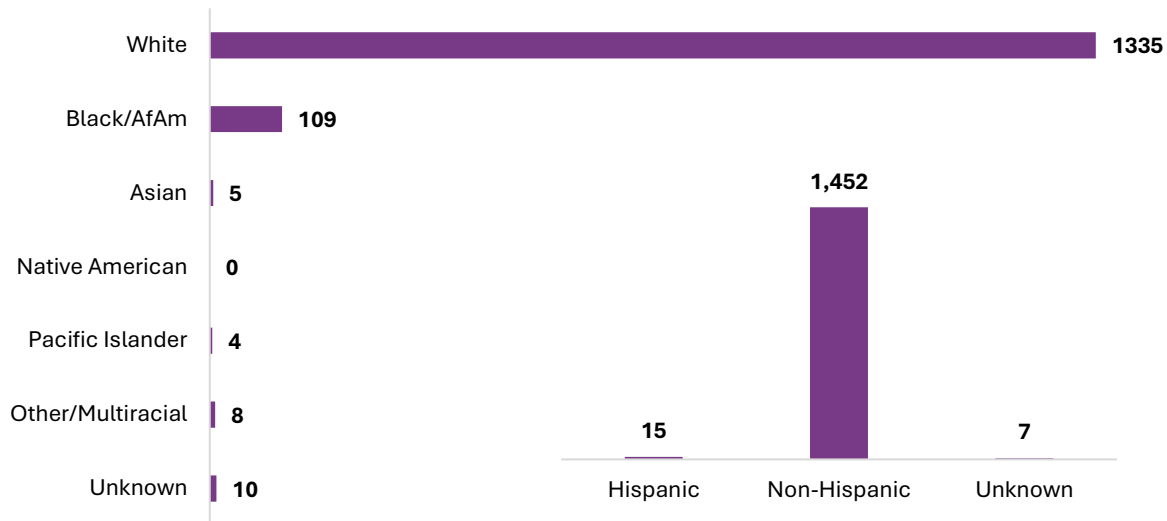
Table 16: Total Number of Individuals Who Received Life Care Specialist (LCS) Services by Age, 2025

Most individuals who received Life Care Specialist Services (LCS) in 2025 were 45-65 years of age or older (1,115). Relatively few individuals who received services were 12 years of age or younger.

Age	Count
0-11	6
12-17	14
18-25	106
26-44	231
45-64	554
65+	561
Unknown	0

Figure 47: Total Number of Individuals Who Received Life Care Specialist (LCS) Services by Race and Ethnicity, 2025

Most participants identified as White and non-Hispanic, with relatively small representation from other racial groups. Black/African American participants represented the second largest group, while only a few participants identified as Asian, Pacific Islander, or Other/Multi-racial, and no participants reported Native American identity. A small number of participants either identified as Hispanic or did not report their race or ethnicity.



LIFE CARE SPECIALIST PROJECTS

- North AR Regional Medical Center LCS
- Ouachita County Medical Center LCS

Training Services



8,440 People
Trained by ARORP
Funded Services

Training services for ARORP-funded projects may include the design and implementation of educational and capacity-building activities that strengthen substance use disorder (SUD) prevention, treatment, and recovery services, particularly those addressing opioid misuse and overdose. Training may be delivered through multiple modalities, including in-person workshops, webinars, video modules, and technical assistance sessions, and often focuses on evidence-based practices such as safer prescribing, overdose prevention and recovery support.

Examples include **CADCA's Community Advocate Network (CAN)** opioid response training for city and county officials, and **Carter's Crew** opioid prevention modules for justice-involved youth. Together, these efforts illustrate how targeted training can enhance services addressing opioid-related harms in Arkansas.

HIGHLIGHTS

- ARORP-funded organizations conducted 649 trainings, with a total of 8,440 participants, demonstrating substantial training reach across Arkansas cities and counties.
- The largest age group of participants was 18-25 years (approximately 30%), followed by ages 26-44 (approximately 18%), indicating strong engagement among young adults and working-age populations.

Figure 48: Training Reach of ARORP-funded Organizations, 2025

ARORP-funded organizations conducted 649 trainings and reached 8,440 attendees, averaging approximately 13 participants per training.



Table 17: Total Number of Individuals Trained by Gender, 2025

A total of 8,428 individuals, 3,554 women, 3,299 men, 2 non-binary individuals, and 1,573 unknown participated in training events.

Gender	Count
Female	3554
Male	3299
Non-Binary	2
Unknown	1573

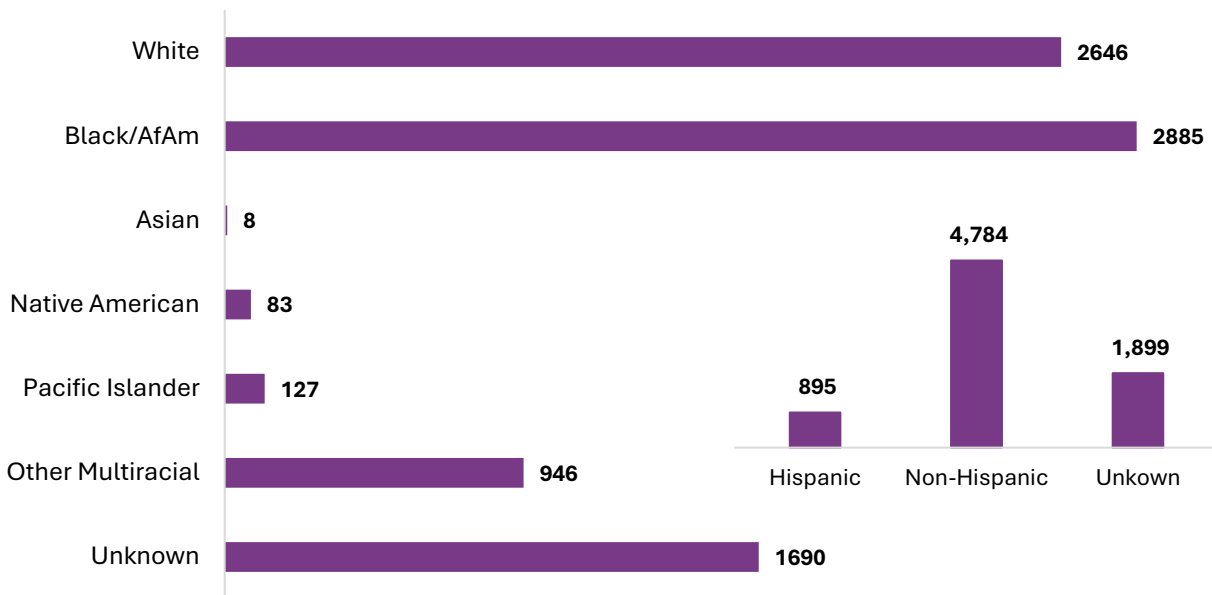
Table 18: Total Number of Individuals Who Participated in Training by Age, 2025

Training participants represented a wide range of age groups, with the largest number aged 18-25 (2,551), and those aged 26-44 (1,531). Smaller numbers of participants were 12-17(1,103), 45-64 (540), and 0-11(499), while very few participants were 65 years or older (68). The age of 2,128 participants was unknown.

Age	Count
0-11	499
12-17	1103
18-25	2551
26-44	1531
45-64	540
65+	68
Unknown	2128

Figure 49: Total Number of Individuals Who Received Training Services by Race and Ethnicity, 2025

In 2025, individuals receiving training services represented diverse racial and ethnic backgrounds. The largest groups identified as Black/African American (2,885) and White (2,646), while smaller numbers identified as Other/Multi-racial (946), Pacific Islander (127), Native American (83), or Asian (8); 1,690 individuals did not report race. Most individuals identified as non-Hispanic (4,784), while 895 identified as Hispanic and 1,899 did not report ethnicity.





ARORP FUNDED PROJECTS THAT INCLUDE TRAINING

- 13th Judicial Drug Task Force ORT
- 18th West Judicial DTF ORT
- 9th West JD DTF/South Central ORT
- Benton Police Department ORT
- Arkansas City and County Officials Training: CADCA
- Arkansas Opioid Academy Coalition Training Cohort Two: CADCA
- Community Advocate Network (CAN) Project: CADCA
- Carter's Crew Prevention Recovery Program
- CASA of Clark and Pike Counties Prevention Program
- Clay County Coalition (Piggott Community Hospital) Recovery Program
- Faulkner County Sheriff's Office ORT
- Stop the Overdose Summit 2024
- Hot Springs School District (HSSD) Prevention Recovery Program
- McGehee Police Department ORT
- Miller County Sheriff's Office ORT
- Prevention Recovery Education Program (PREP) Training
- Pulaski County Sheriff's Office ORT
- Sebastian County Sheriff's Department ORT
- Sevier County Sheriff's Department Recovery Program
- Sharp County Sheriff's Office ORT University of Central Arkansas (UCA) Prevention Recovery Program
- West Memphis Police Department ORT

Figure 50: Number of Individuals Trained by County, 2025

*This map displays the number of individuals trained by ARORP-funded organizations by county. Pulaski County reported the highest number (2,335), followed by Garland County (307), Clay County (225), and Faulkner County (62). Most other counties reported fewer than 50 individuals. **The distribution indicates notable concentrations in central and northeast Arkansas.***

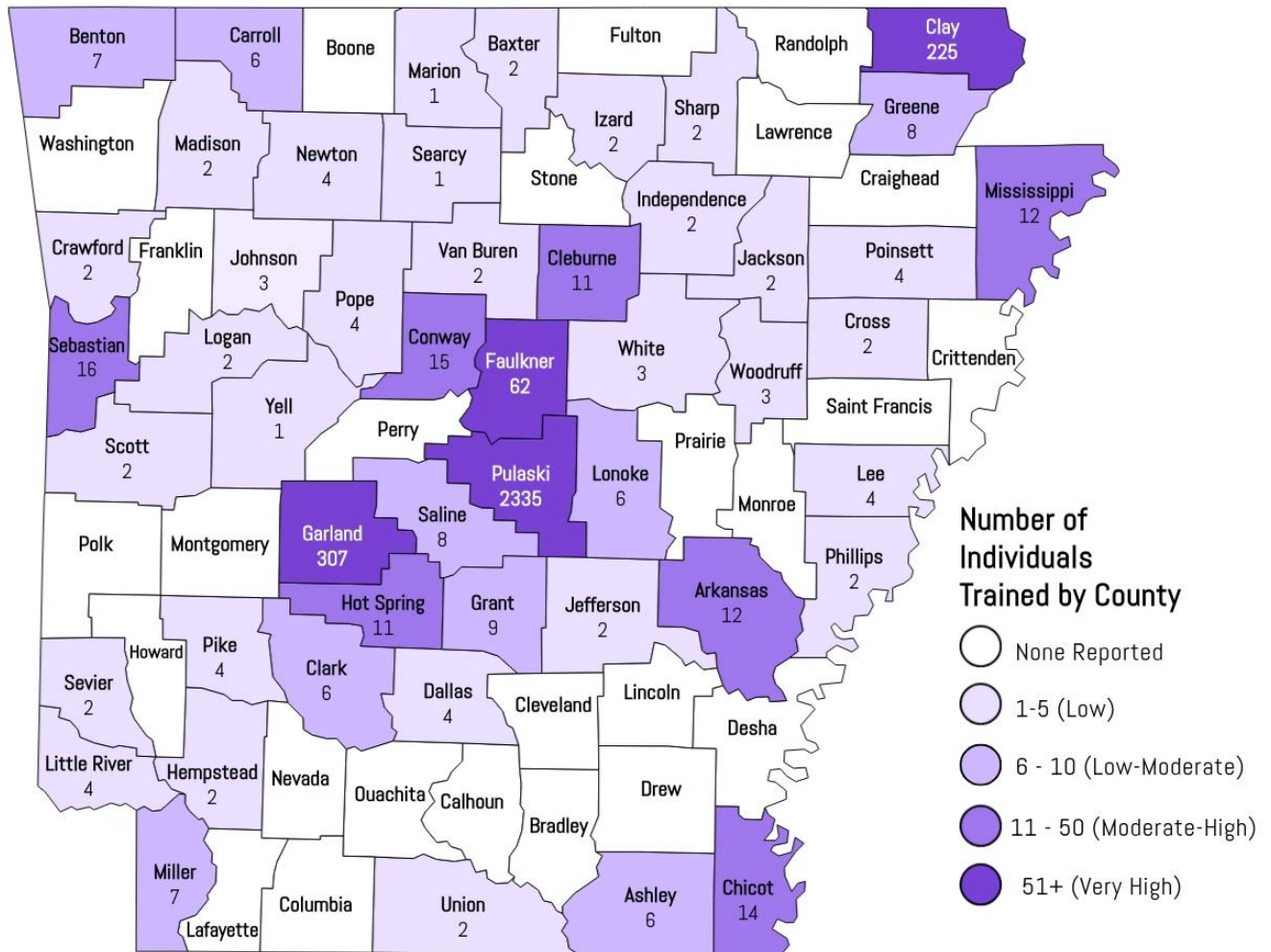


Table 19: Total Number of Individuals Trained by ARORP-funded Organization, 2025*

ORGANIZATION	# TRAINED
<i>AR Opioid Academy Coalition Training Cohort Two: CADCA</i>	22
<i>Community Advocate Network (CAN) Project: CADCA</i>	182
<i>CASA of Clark and Pike Counties Prevention Program</i>	204
<i>Carter’s Crew Prevention Recovery Program</i>	2313
<i>Clay County Coalition Recovery Program</i>	275
<i>HSSD Prevention Recovery Program</i>	111
<i>UCA Prevention Recovery Program</i>	61
<i>Arkansas City and County Officials Training: CADCA</i>	29
TOTAL	3197

**Organizations primarily training-based or that include training as a primary component of the program.*

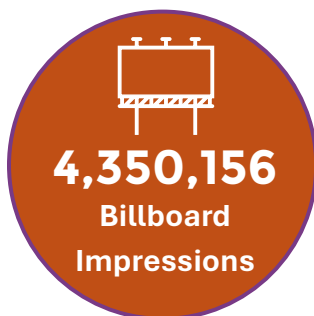
Media Dissemination

Media dissemination for ARORP-funded programs is primarily managed by mhp.si, a marketing and advertising agency based in Little Rock, Arkansas. Through this partnership, ARORP supports a range of opioid prevention communication campaigns, including **ReviveAR**, **Together Arkansas**, and **AR Drug Take Back**. These media efforts focus on increasing public awareness of opioid prevention, promoting safe medication practices, and highlighting the impact these initiatives have had across communities in Arkansas.



1,002,599,328
Total Media
Impressions

MEDIA HIGHLIGHTS



Successes

These quotes are drawn from awardees' feedback collected during the 2025 annual evaluations. The wording has been edited for consistency and, in some cases, summarized for clarity.

STAFFING AND PEER SUPPORT

"The program's peer has proven highly effective. The peer runs three meetings per day within the jail, serves as a life coach, and assists with transportation and follow-ups. Recidivism has been reduced, achieving the main goal of the program."

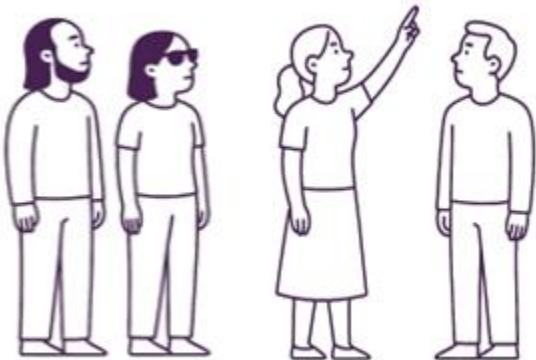
"The presence of Life Care Specialists enabled focused attention to be directed toward ongoing mental health issues and substance misuse. Staff worked to refer patients to naloxone and assisted in addressing food insecurity."

"The program's success was evident in the experiences of graduates, many of whom expressed a desire to remain in the program after completion."

PARTNERSHIPS

"The city elected to fully fund the program moving forward, demonstrating confidence in the impact of the program. Community engagement programs and outreach proved successful, and strong partnerships were developed, all of which contributed to the sustainability of the program."

"CADCA presented at AAC and AML conferences, helping to establish a strong foundation for the project. Collaboration with city and county officials provided valuable insight into community needs for substance misuse prevention. The new products established by the program directly align with city and county official's needs."



Successes

PROGRAM OUTCOMES

“A positive relationship with the drug task force and other surrounding agencies has been built and sustained by the program.”

“We succeeded in aiding a considerable number of families and provided financial support for those enrolled in the support program for families who have lost a loved one to overdose.”

DATA AND EVALUATION

“The gap assessment maps were helpful to the ARORP team in determining additional needs for services. The qualitative evaluations and updated Redcap database assisted in providing more in-depth data.”

“The two Life Care Specialists are reported to have a very good relationship with patients and are equipped to successfully provide data about the program.”

FAMILY REUNIFICATION

“Family reunification and recovery support is a significant success of the program. Several mothers have been reunited with their children, and many women have successfully reintegrated back into society.”

HOUSING AND CAPACITY

“The program succeeded in providing more beds and support for people in desperate need of assistance.”

STIGMA REDUCTION

“Overdoses have significantly decreased and there have been fewer deaths in the community. Stigma within the police department and community has been reduced.”

Challenges

STAFFING

“Recruitment has presented a challenge as there are several other programs in the area.”

“Staffing and employment retention in a rural area present challenges. There is a strong need for transitional and recovery housing after the program ends to assist participants as they work toward regaining stability and independence. Following treatment, women are less likely to retain employment.”

“Challenges were expressed regarding staff approval and understanding of prevention.”

STIGMA

“There was significant stigma among law enforcement.”

“Stigma from surrounding neighbors presented a significant challenge, but we continue to work on their relationship with the community.”

IMPLEMENTATION

“While cases have been opened for all overdoses, investigations have encountered a significant obstacle in securing the required amount of evidence needed to bring a case to prosecution.”

“The program cited that mental health conditions can pose a significant challenge in the program, as well as dental health and dental coverage. Dental pain can be a cause for relapse, which the program hopes to avoid.”

Challenges

DIVERSITY AND OUTREACH

“There were challenges in building rapport with agencies. To solve this issue, additional networking with agencies has been implemented. The program also intends to increase diversity in the population it serves.”

“We would like to increase diversity through more intentional outreach and is working with their marketing coordinator to discuss methods to improve outreach.”

DATA COLLECTION

“... ideas for improvements as the app evolves were shared. Suggested improvements included the collection of demographic data and targeting industries such as nursing homes, hospitals, dental schools, and social services.”

“Patients can be reluctant to share information, which can significantly hinder data collection.”

“The only challenge reported was the increasing capacity of data entry.”



Gap Assessment Maps

A Gap Assessment is a systematic approach to comparing identified need with existing capacity. It examines whether available services, resources, or supports are sufficient to meet demand. Two central questions guide this process: whether current services adequately meet need, and, if not, where shortages exist. By analyzing data in this way, a gap assessment provides a structured understanding of what is lacking, what is functioning effectively, and where targeted improvements are warranted.

Gap assessments are widely used to inform strategic decision-making regarding the allocation of time, funding, and other resources. They enable decision-makers to identify areas where services are insufficient as well as areas where capacity may already be adequate. This is particularly critical in contexts of limited resources, where prioritization is necessary. By clearly identifying unmet need, gap assessments support more efficient and equitable distribution of resources, helping to ensure that new programs and funding are directed to areas of greatest need rather than dispersed without strategic focus.

Mapping is a valuable component of gap assessments because it provides a spatial representation of need and capacity. Visualizing data geographically allows for rapid identification of where services are available and where gaps persist. Maps facilitate the recognition of patterns that may not be readily apparent, such as regions with high need but limited service availability or areas where resources are concentrated. As a result, mapping makes complex information easier to understand and supports more informed planning and decision-making among communities, providers, and policymakers.

The following maps explore the relationship between geography and services related to substance use disorder, treatment, and recovery, illustrating where services are prevalent, where existing services and resources may need enhanced support, and where they need to be targeted.

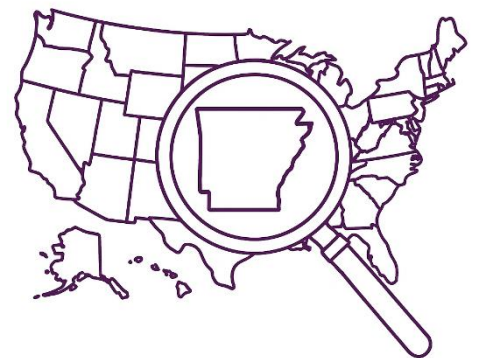
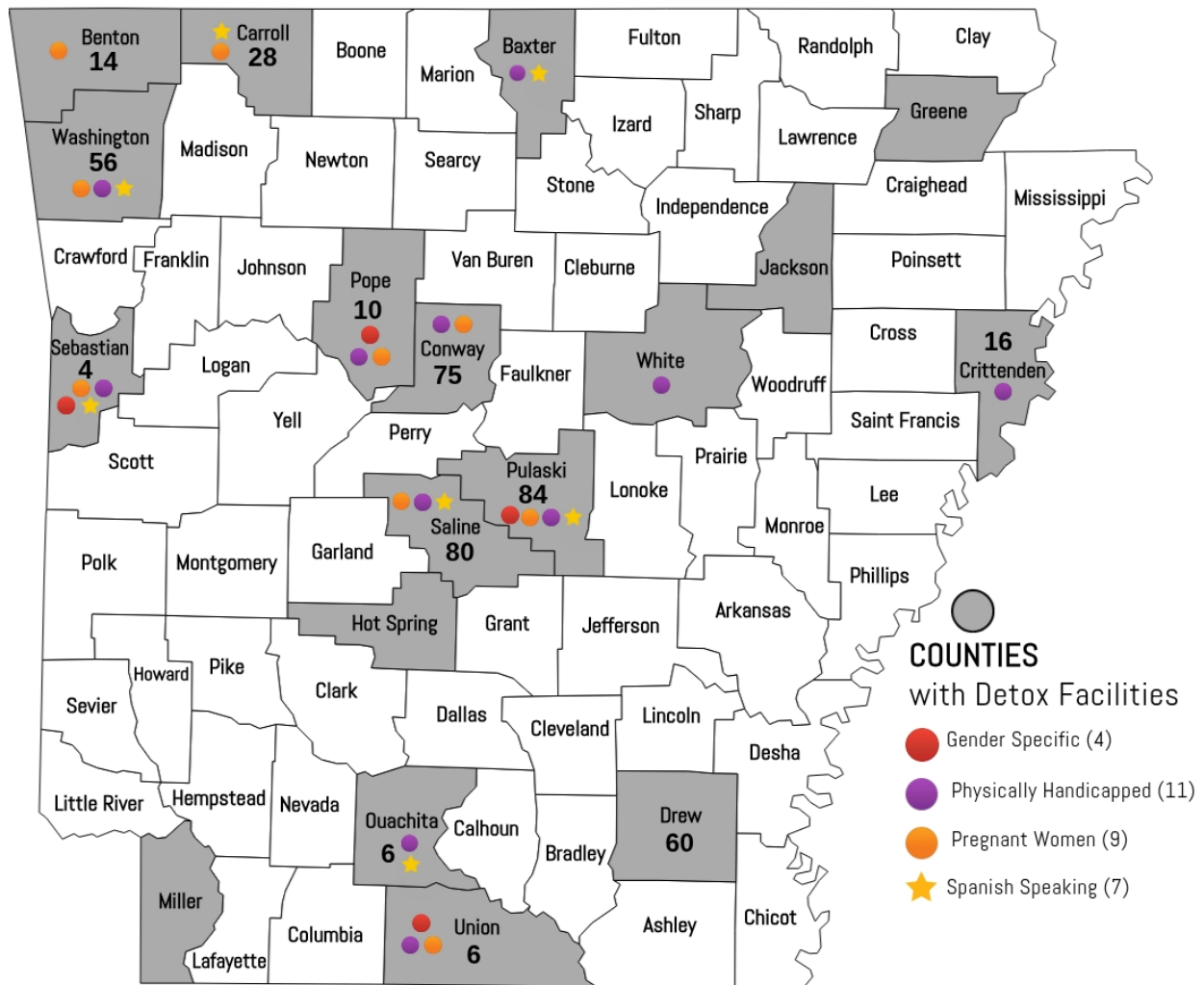


Figure 51: Arkansas Counties with Identified SUD Detox Facilities, 2025*

The distribution of identified SUD detox facilities across Arkansas is shown by county, including the number of available beds and key service characteristics. These characteristics include facilities that are gender-specific (4), accept pregnant women (9), accommodate individuals with physical disabilities (11), and have Spanish-speaking staff (7). Detox facilities in 6 counties (Baxter, Greene, White, Jackson, Hot Spring, and Miller) were unable to give a bed count.

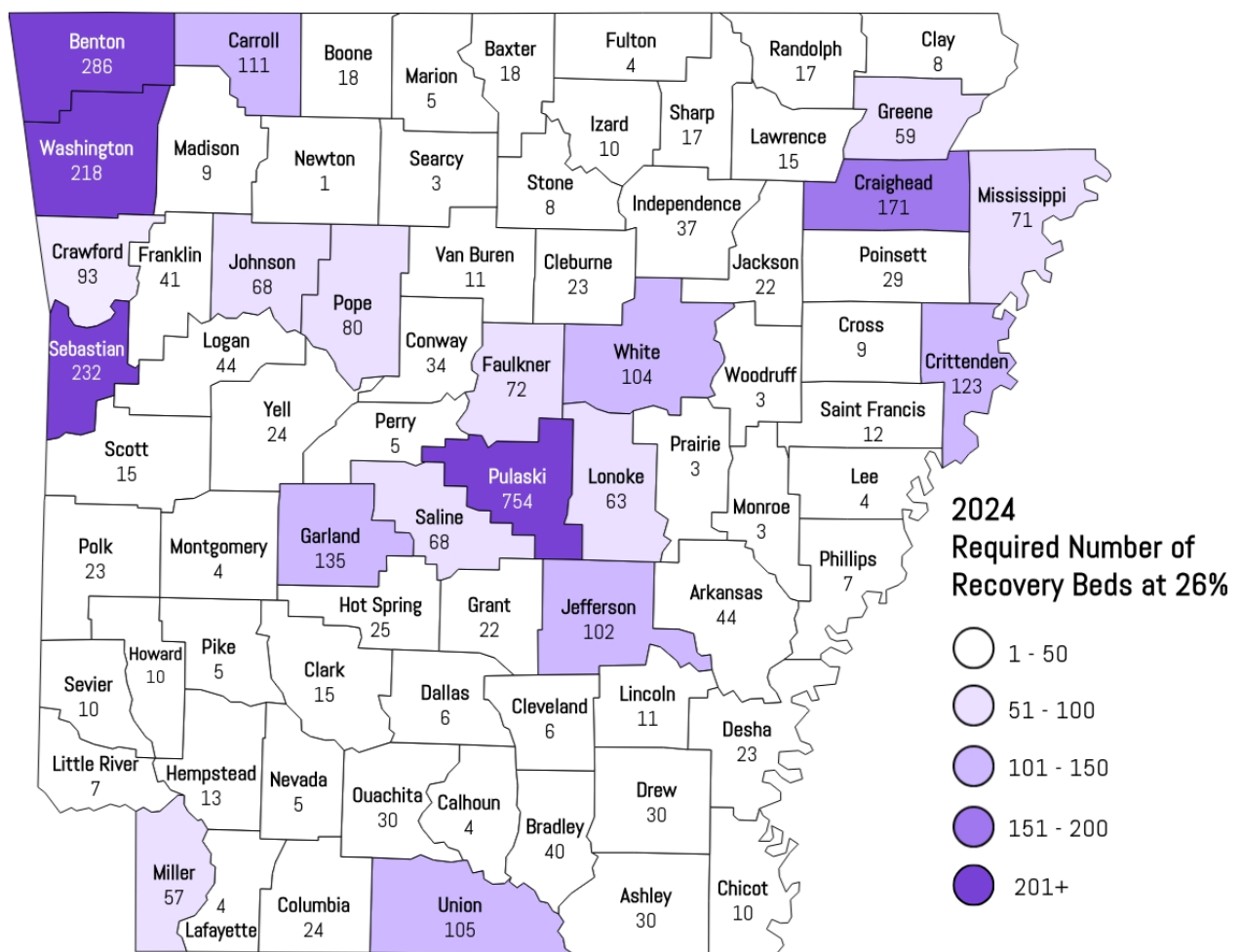
Detox facilities were identified in 18 counties, with the highest concentration of beds in central Arkansas (164). Northwest Arkansas has the second-highest total (98 beds), followed by southeast Arkansas (60 beds). Central Arkansas—and Sebastian County—offer the most comprehensive accommodations, meeting all listed criteria. **Despite these strengths, notable service gaps remain, particularly in the southwest and parts of southeast Arkansas, where no detox facilities were identified.**



*These data were compiled through internet searches and telephone outreach and do not represent a complete inventory of available services across the state. Identification of detox facilities is ongoing, and data will be updated in 2026.

Figure 54: Arkansas Number of Recovery Beds Needed by County (26%), 2024*

The highest estimated need is concentrated in central Arkansas, with Pulaski County (754) reporting the greatest demand, followed by Benton (286), Sebastian (232), and Washington (218) in the northwestern part of the state. Other counties with moderate need include Craighead County (171), Garland (135), Crittenden (123), Carroll (111), Union (105), White (104), and Jefferson (102). In contrast, most other counties show relatively low estimated need. This does not factor in existing recovery beds but only provides the estimate of how many beds are needed based on number of individuals treated. **The distribution highlights substantial geographic disparities, with recovery housing demand closely aligned to areas with higher treatment admissions and limited availability in more remote areas.**



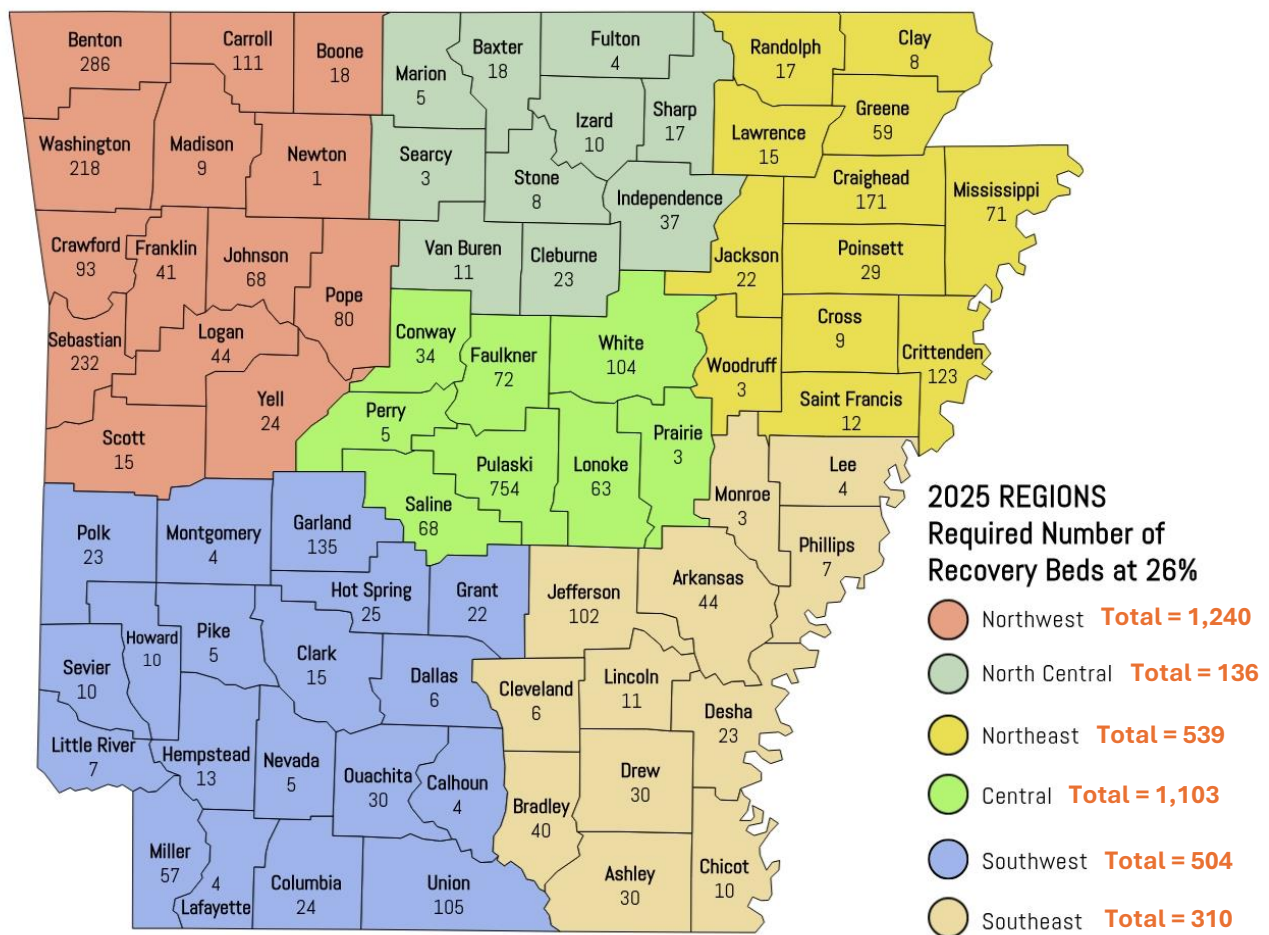
*Estimates of the number of recovery beds by county in Arkansas for 2024 are based on TEDS data indicating that 26% of individuals in 2024 transitioned from treatment to recovery.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2017, May 11). Treatment Episode Data Set (TEDS). <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>

Figure 55: Arkansas Number of Required Recovery Beds by Region (26%), 2024*

Data indicate that while county-level variation remains evident, aggregating by region highlights broader geographic patterns in demand. The Northwest region shows the highest overall estimated need (1,240), followed by Central Arkansas (1,103), where Pulaski County (754) represents the single largest county-level demand. The Northeast region also demonstrates notable need (539), particularly in Craighead (171) and Crittenden (123) counties. The Southwest (504) and Southeast (310) regions show comparatively lower total need, while the North Central region has the lowest overall demand (136).

This pattern illustrates how regional aggregation can shift interpretation: Although Central Arkansas contains the highest-need county, the Northwest region has the greatest overall demand. The regional distribution reinforces pronounced geographic disparities, with the highest concentrations of recovery housing need in the northwest and central parts of the state and comparatively lower—but still meaningful—need in more rural regions.

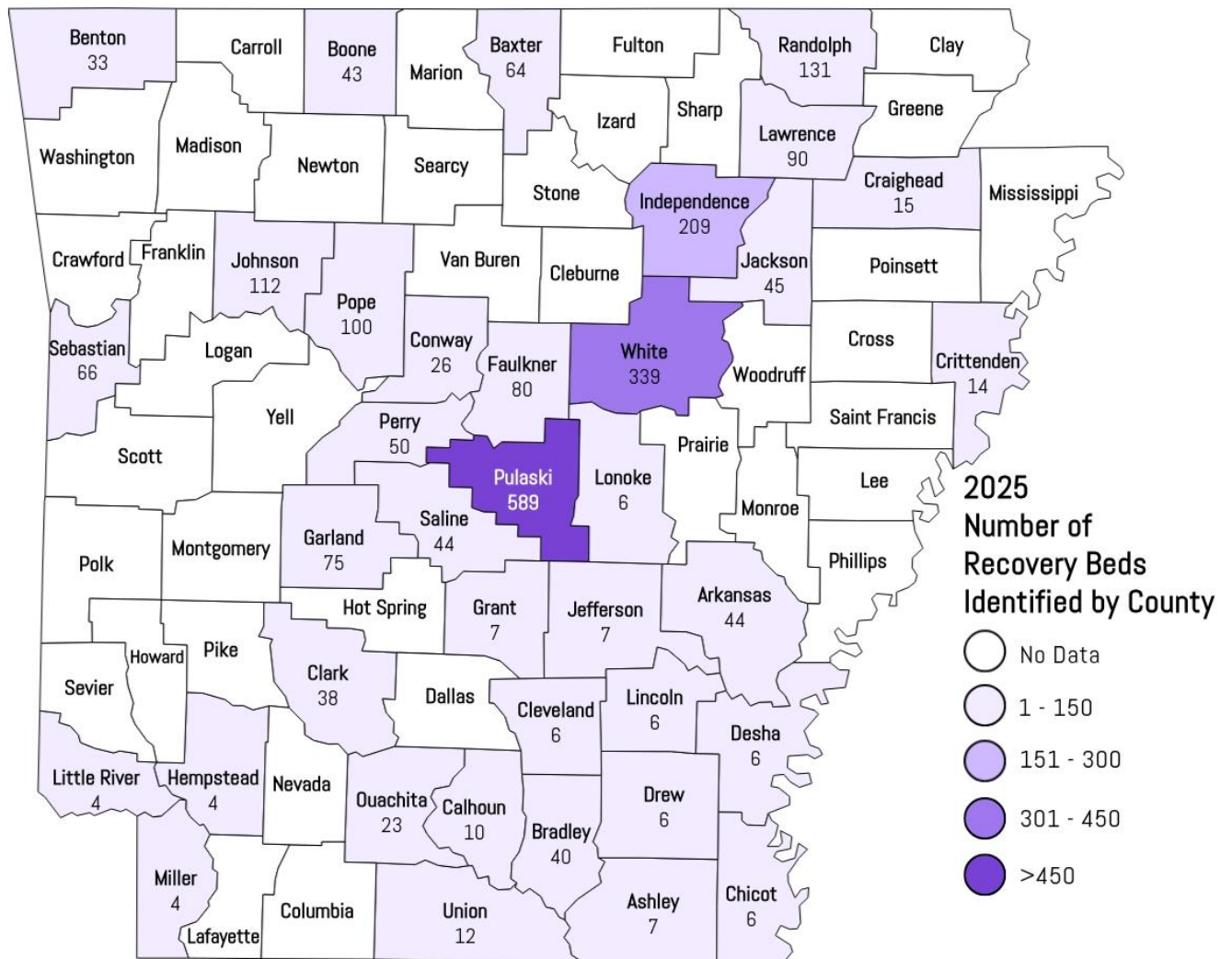


*Estimates of the number of recovery beds by county in Arkansas for 2024 are based on TEDS data indicating that approximately 26% of individuals in 2024 transitioned from treatment to recovery.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2017, May 11). Treatment Episode Data Set (TEDS). <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>

Figure 56: Arkansas Number of Recovery Beds Identified by County, 2025*

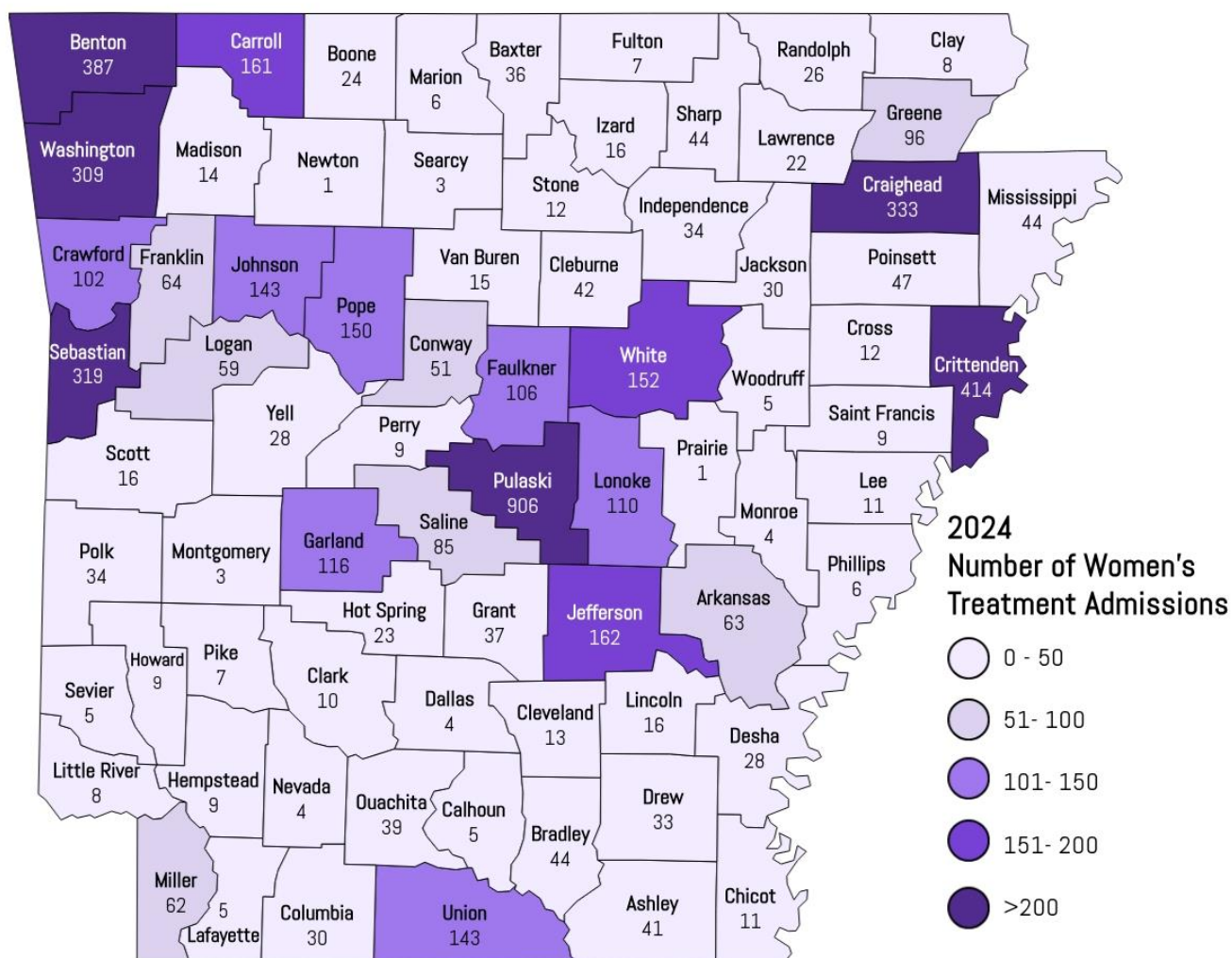
*This map displays the number of recovery housing beds identified by county in Arkansas for 2025. The highest concentration of beds is located in central Arkansas, with Pulaski County reporting the greatest capacity (589). Other counties with notable bed availability include White (339) and Independence (209), indicating additional regional clusters of recovery housing in central and northeast Arkansas. Moderate capacity is observed in Johnson (112), Pope (100), and Faulkner (80) counties, while most other counties report fewer than 50 beds or no identified data. **The distribution highlights a concentration of recovery housing resources in a limited number of counties, with substantial gaps in availability across much of the state, particularly in rural and southern regions.***



**These data were compiled through internet searches and telephone outreach and do not represent a complete inventory of available services across the state. Identification of number of recovery beds by county is ongoing, and data will be updated in 2026.*

Figure 57: Arkansas Women’s Treatment Admissions by County, 2024

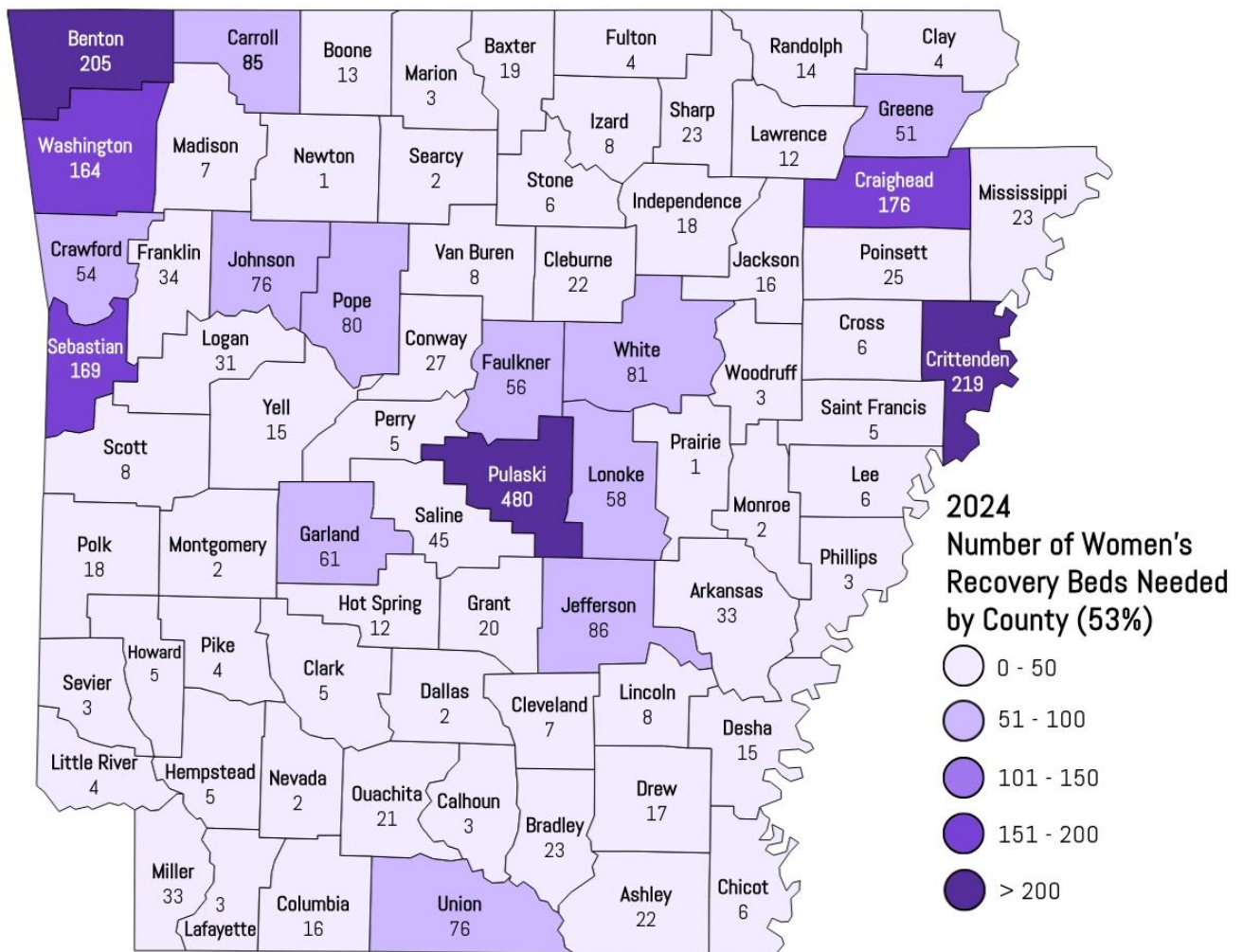
County-level variation in women’s treatment admissions across Arkansas in 2024 shows a clear concentration in central, northwest, and select eastern counties. Pulaski County reports the highest number of admissions (906), far exceeding all other counties. Other high-burden counties include Crittenden County (414), Benton County (387), Craighead County (333), Sebastian County (319), and Washington County (309). Moderate counts are observed in counties such as Jefferson County (162), Carroll County (161), White County (152), Pope County (150), and Union County (143). **Most remaining counties report relatively low numbers of admissions, highlighting substantial geographic disparities and suggesting that treatment demand is concentrated in more populous and service-accessible regions of the state.**



SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2017, May 11). Treatment Episode Data Set (TEDS). <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>

Figure 58: Arkansas Number of Women’s Recovery Beds Needed by County (53%), 2024*

*This map estimates the number of women in need of recovery housing by county in Arkansas for 2024, based on TEDS data indicating that 53% of women transition from treatment to recovery. The highest estimated need is concentrated in central and northwest Arkansas, with Pulaski County (480) reporting the greatest demand. Other counties with elevated need include Crittenden (219), Benton (205), Craighead (176), and Sebastian (169), reflecting regional hubs of treatment and subsequent recovery demand. Additional moderate need is observed in Washington (164), Jefferson (86), and Union (76) counties. In contrast, most rural counties—particularly in the southwest and parts of the Delta—show relatively low estimated need, often fewer than 50 beds. **The distribution highlights substantial geographic disparities, with recovery housing demand closely aligned to areas with higher treatment admissions and limited availability in more rural regions.***

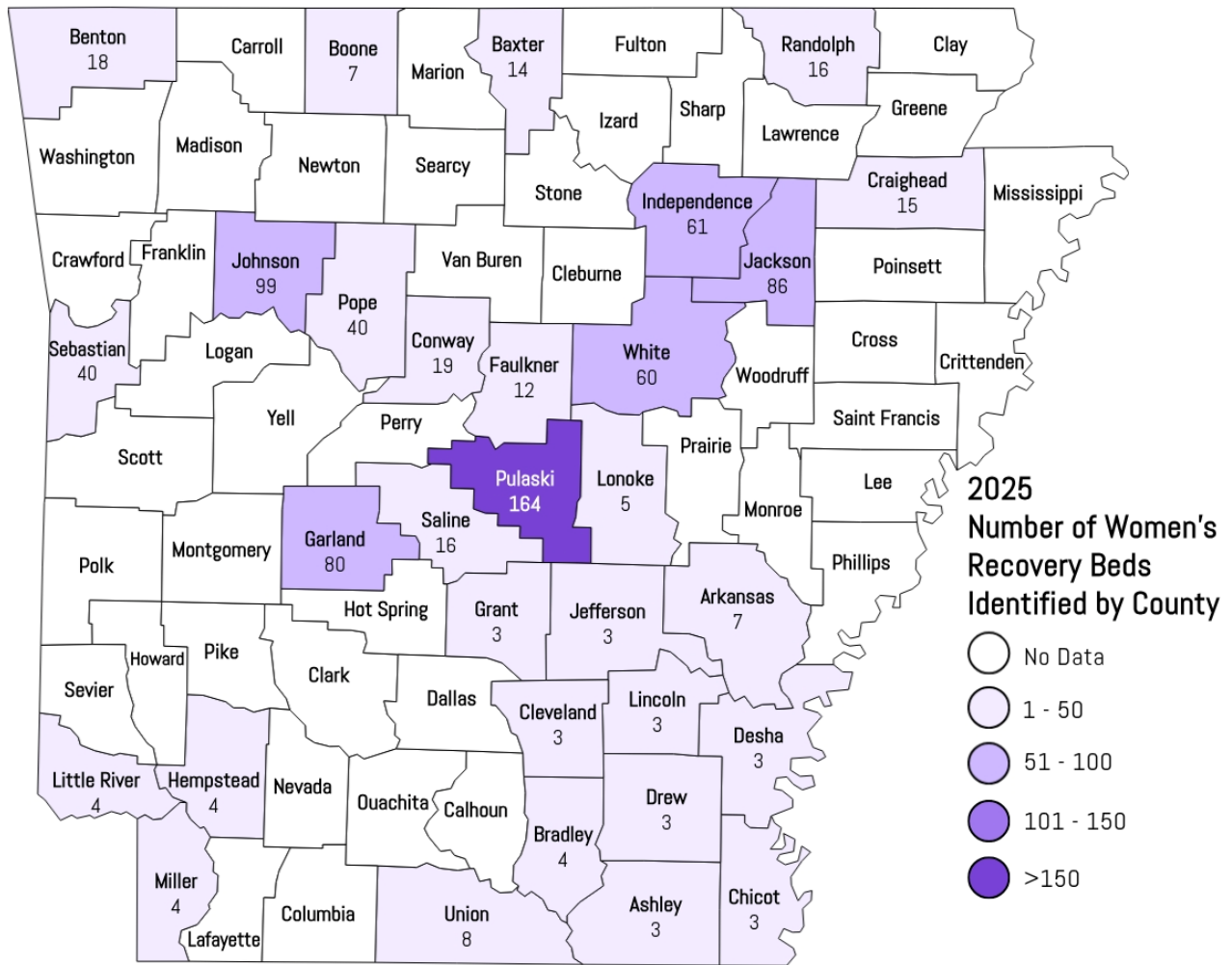


*Estimates of the number of recovery beds by county in Arkansas for 2024 are based on TEDS data indicating that 53% of women in 2024 transitioned from treatment to recovery.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2017, May 11). Treatment Episode Data Set (TEDS). <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>

Figure 59: Arkansas Number of Women’s Recovery Beds Identified by County, 2025*

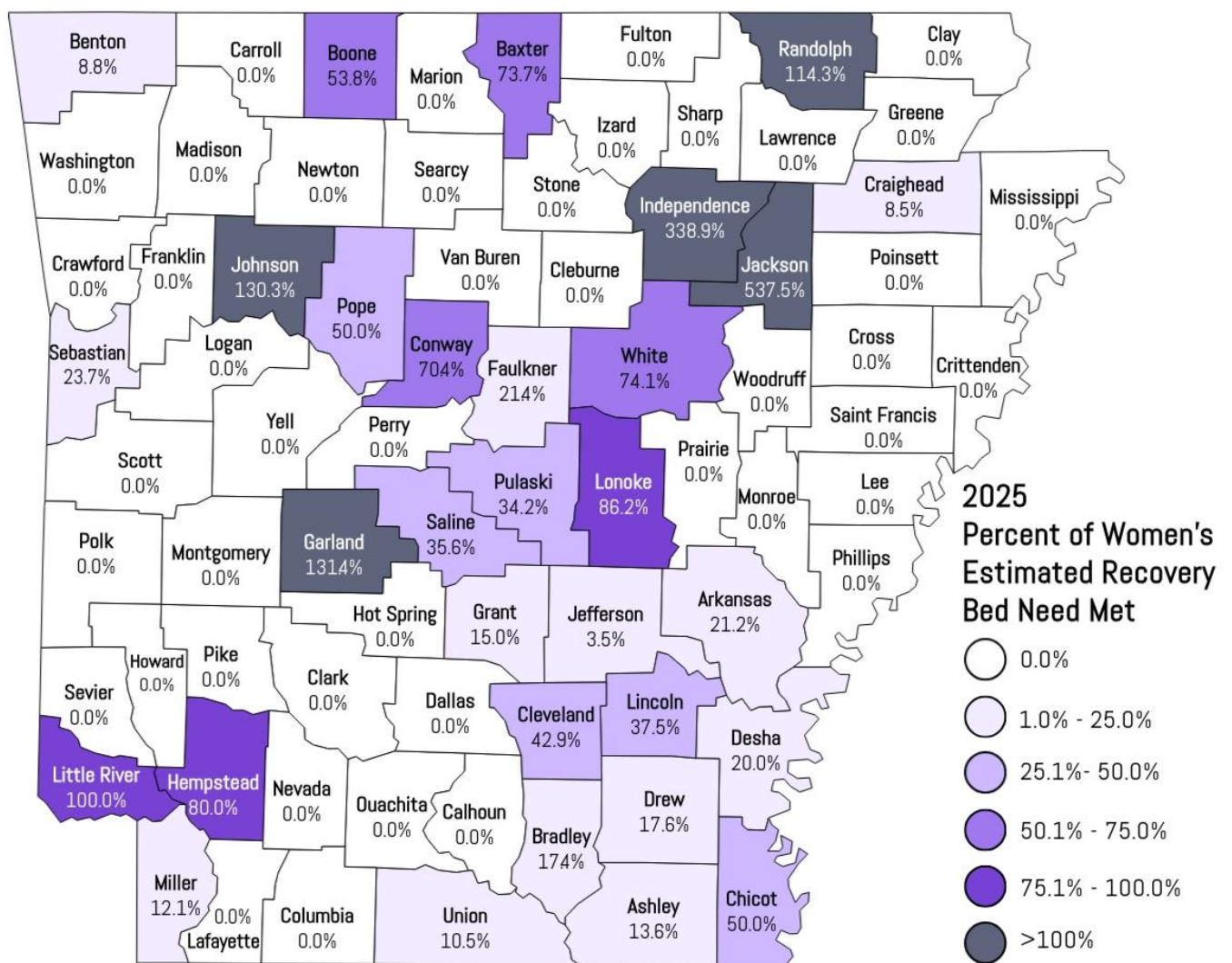
Current data collected indicate that the highest concentration of beds is located in central Arkansas, with Pulaski County reporting the greatest number (164). Additional counties with notable capacity include Johnson (99), Jackson (86), Garland (80), Independence (61), and White (60), indicating several regional clusters of recovery housing. Most other counties report limited availability, often fewer than 50 beds, and many show no identified data. **The distribution highlights both the concentration of resources in select counties and substantial gaps in data to document recovery housing across much of the state.**



*These data were compiled through internet searches and telephone outreach and do not represent a complete inventory of available women's recovery beds across the state. Identification of recovery facilities is ongoing, and data will be updated in 2026.

Figure 60: Arkansas Women’s Recovery Bed Capacity as a Percent of Estimated Need by County, 2025

County-level estimates of women’s recovery bed capacity in Arkansas for 2025 are presented as the percent of estimated need met by available beds. Values represent the proportion of estimated demand that can be served by existing recovery housing capacity. Lower percentages indicate greater unmet need, while values approaching or exceeding 100% indicate that available beds meet or exceed estimated demand. **The distribution highlights substantial geographic disparities in recovery housing coverage, with many counties showing limited capacity relative to need and a small number of counties demonstrating higher levels of coverage.**

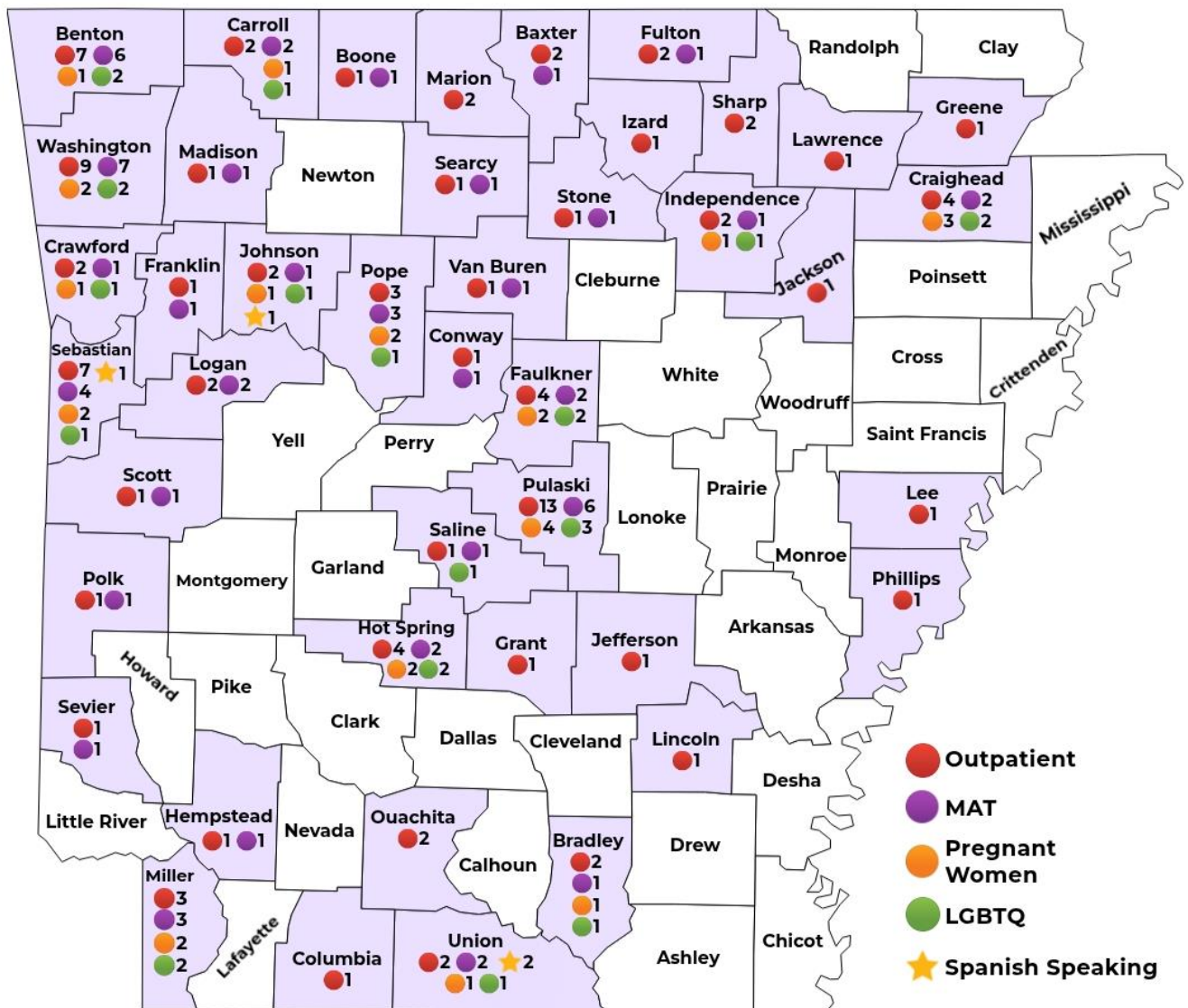


*Estimates of the number of recovery beds by county in Arkansas for 2024 are based on TEDS data indicating that 53% of women in 2024 transitioned from treatment to recovery.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2017, May 11). Treatment Episode Data Set (TEDS). <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set>

Figure 61: SAMHSA Reported Arkansas Outpatient Facilities and Services by County, 2024*

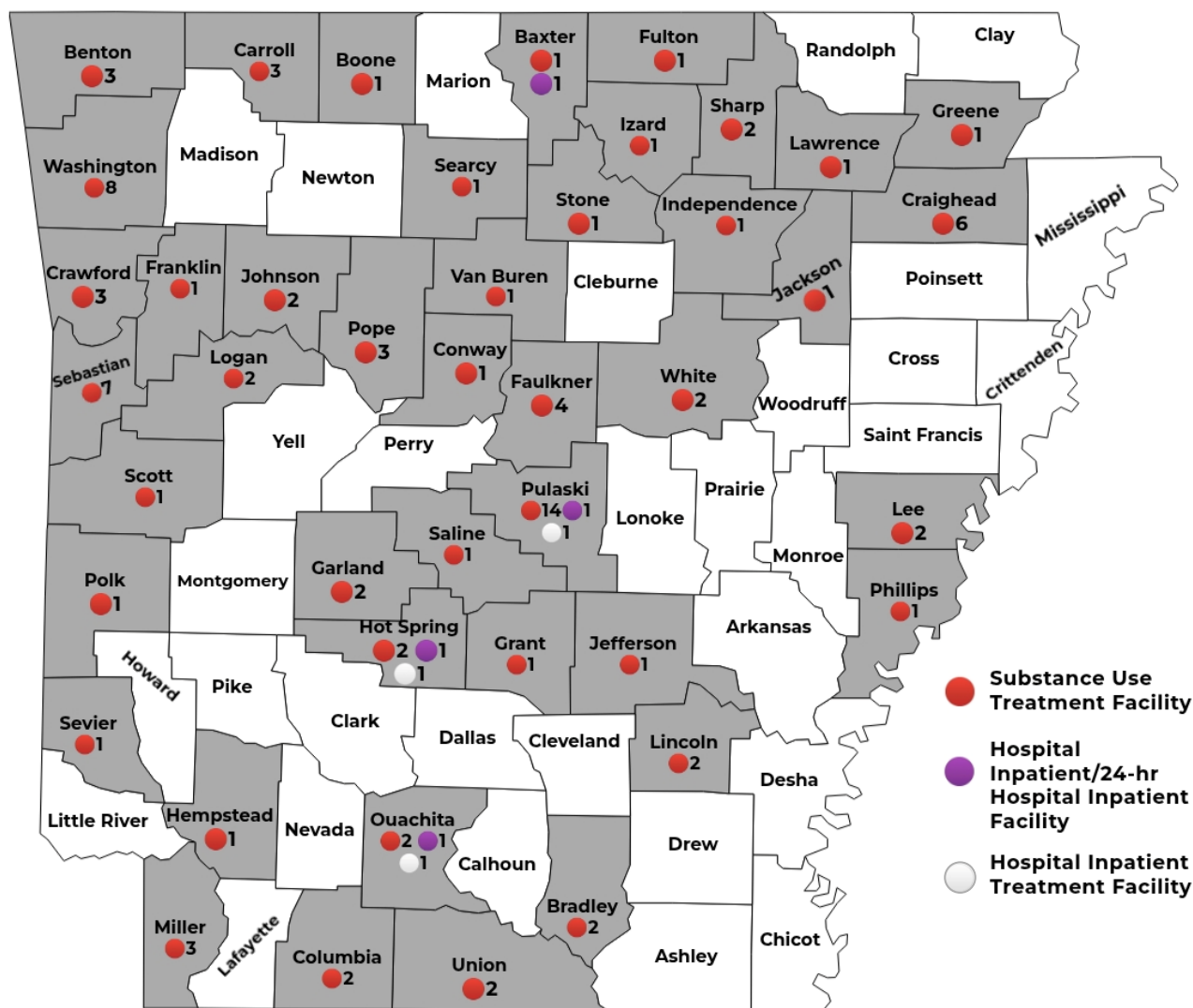
County-level distribution of SAMHSA-reported outpatient treatment facilities and specialized services in Arkansas in 2024 shows concentrations in the northwest, central, and select southern counties, with more limited availability across much of the eastern Delta region. Outpatient services (red) are the most widely available across counties, while medication-assisted treatment (MAT; purple) is moderately distributed but less universal. Specialized services—particularly for pregnant women (orange) and LGBTQ individuals (green)—are more limited and tend to cluster in higher-capacity counties such as Benton, Washington, Sebastian, Pulaski, and Faulkner. Spanish-speaking services (star) are scarce statewide, appearing in only a few counties. **The map highlights uneven service availability and potential gaps in specialized and culturally responsive care, particularly in rural and eastern areas of the state.**



*These data were compiled through internet searches and telephone outreach and do not represent a complete inventory of available services across the state. Identification of recovery facilities is ongoing, and data will be updated in 2026.

Figure 62: SAMHSA Reported Arkansas Inpatient Facilities and Services by County, 2024*

*This map displays the county-level distribution of substance use treatment facilities and hospital-based inpatient services across Arkansas, highlighting differences in service intensity and level of care. Substance use treatment facilities (red) are the most widely distributed and provide a broad continuum of services, including screening, assessment, counseling, medical and psychiatric care, and follow-up for individuals with substance use disorders. Hospital inpatient/24-hour inpatient facilities (purple) are less common and provide medical treatment that requires at least one overnight stay. Hospital inpatient treatment facilities (gray) are also limited in number and offer 24-hour supervised care and structured treatment for individuals requiring more intensive substance use services. **The map indicates that while general treatment services are relatively accessible across many counties, higher-intensity inpatient care options are concentrated in fewer locations, suggesting potential gaps in access to more intensive levels of care.***



*These data were compiled through internet searches and telephone outreach and do not represent a complete inventory of available services across the state. Identification of treatment facilities is ongoing, and data will be updated in 2026.

Qualitative Research

Qualitative research is a way of learning about people’s experiences, thoughts, and behaviors by collecting detailed, non-numerical information. Instead of using numbers or statistics, it focuses on understanding how and why people feel or act in certain ways. Researchers often gather this information by talking directly with people through interviews or group discussions, observing situations, or reviewing written materials. Participants are selected based on their ability to provide meaningful insight, rather than to represent a large population. This approach is especially useful for exploring topics such as beliefs, attitudes, motivations, and everyday experiences in real-world settings.

One of the main advantages of qualitative research is its flexibility and depth. Researchers can adjust questions as conversations develop, ask follow-up questions, and clarify responses to gain a fuller understanding. Because it involves direct interaction, it also allows researchers to notice non-verbal cues, such as tone of voice or facial expressions, which can add important context. Qualitative research typically involves smaller groups of participants and encourages open discussion, making it well suited for exploring complex or sensitive topics. It is particularly helpful for identifying less visible influences—such as social norms, cultural expectations, or life circumstances—that shape how people experience the world.

WYSAC researchers conducted two qualitative studies during this reporting period. The first was to examine a service model that combines prevention and recovery support into a single role – the Prevention Recovery Coordinator (PRC) – to see the impact that the PRC model may have on student and community members who are experiencing substance use disorder issues. The second qualitative study evaluated two ARORP-funded faith-based programs to explore the implementation, efficacy, and operational strengths and challenges of each of the programs. Both studies are reviewed on the following pages.

UCA Prevention-Recovery Pilot Study

PURPOSE OF THE PILOT

The purpose of the pilot was to test a model that integrates prevention and recovery services into a single role on a university campus. This integrated role – Prevention Recovery Coordinator (PRC) – provides accessible peer-based support, early intervention, and connections to community resources for students and community members. Results from this study will inform ARORP’s developing Prevention Recovery Education Program (PREP) and future Prevention Recovery Coordinators (PRCs).

BACKGROUND

The PRC model integrates elements of substance use prevention and recovery support into school and university settings. Two peer recovery specialists that are also counselors in training deliver prevention and recovery services in the UCA model. These services include SMART Recovery groups, peer mentoring, counseling, awareness events, and community outreach.

METHODS

Researchers conducted 8 semi-structured interviews with individuals with direct experience with the UCA program. These interviews were recorded, recordings were transcribed, and transcriptions were analyzed to identify key themes.

BENEFITS

- **Stronger Recovery Support:** Peer-led services promote trust, belonging, and sustained recovery.
- **Improved Access:** Fills gaps for students lacking financial resources or external support systems.
- **Community Integration:** Partnerships extend support beyond campus and strengthen wraparound care.
- **Educational Value:** Prepares interns and future workforce through hands-on learning.



CHALLENGES

- **Role Integration:** University systems are still learning how to incorporate prevention–recovery roles.
- **Limited Awareness:** Program is underused due to limited campus visibility.
- **Resource Needs:** Concerns about sustainability, staffing, and capacity to expand mental health support.
- **Stigma:** Ongoing misconceptions about prevention and recovery services.

OVERALL IMPACT

The program creates safe, stigma-free spaces for students and offers early and continuous support for individuals who cannot access intensive treatment. It also provides training and real-world experience for interns and future professionals in the field of prevention and recovery support.

To find out more about this study, please visit the following document link:

<https://www.arorp.org/wp-content/uploads/2025/12/ARORP-PRS-UCA-Report-Final-3.pdf>

Men's Faith-based Recovery Program Evaluation

PURPOSE OF EVALUATION

This evaluation examined the implementation, perceived effectiveness, and operational strengths and challenges of two ARORP-funded faith-based programs: Life in Victory and Renewal Ranch. These residential recovery facilities are for men only, offering structured, Christian-centered recovery services in a safe and supportive environment.

METHODS

Researchers conducted 14 semi-structured staff interviews, two focus groups, and four interviews with individuals who left the program early. Interviews and focus groups were recorded, recordings were transcribed, and transcriptions were analyzed to identify key themes.



CORE PROGRAM STRENGTHS

- **Shared Goal:** Recovery grounded in spiritual transformation.
- **Strong Peer Support:** Most staff are program graduates, creating trust and relatability.
- **Comprehensive Services:** Health care coordination, court/transport support, clothing, hygiene, counseling, and relapse-prevention education.
- **Teaching Responsibility:** Structured work, daily routines, and phased privileges foster discipline and independence.
- **Culture of Grace:** Programs offer forgiveness, second chances, and individualized support.
- **Positive Resident Experiences:** Participants report personal growth, emotional healing, and stable, supportive environments.

CHALLENGES AND BARRIERS

- **Mental Health Needs:** Residents often present with untreated or severe psychiatric conditions.
- **Resource & Staffing Limits:** Large cohort sizes, low staff pay, and transportation shortages.
- **Structural Barriers:** Limited access to medical/dental care, financial hardship, and lack of reliable transportation.
- **Early Exits:** Participants struggle with strict program structure, relationship pressures, and underestimating the year-long commitment.
- **Environmental Factors:** Some residents face stigma or damaged reputations in home communities.

RECOMMENDATIONS

- Strengthen staff training in leadership, trauma-informed care, and program management.
- Provide health education, life-skills classes, and expanded healthcare access.
- Offer independent counseling for staff to reduce burnout and ensure confidentiality.
- Build partnerships with job-training organizations, especially those supporting individuals with criminal records.
- Increase program inclusivity and explore racial/ethnic diversity gaps.

To find out more about this evaluation, please visit the following document link:
<https://www.arorp.org/wp-content/uploads/2025/12/ARORP-Mens-Recovery-Eval-FINAL-10092025.pdf>

Transparency Evaluations

Transparency is a key goal of ARORP and refers to how clearly and accessibly information—such as resources, expenditures, decisions, and data—is shared. It is evaluated by five independent reviewers twice per year using a refined methodology. Twelve elements are scored on two dimensions—ease of access and ease of understanding—using five-point scales, with additional reviewer comments provided as needed.

The first dimension assesses how easily each element can be found. Scores range from 0 (absent) to 4 (very easy to find). A score of 0 indicates the element was not located. For elements that are found, ratings are based on the time required to locate them starting from the ARORP homepage: Very easy (4) indicates less than 1 minute; easy (3) indicates 1–2 minutes; difficult (2) indicates 2–3 minutes; and very difficult (1) indicates more than 3 minutes.

The second dimension assesses how easily each element can be understood. Scores also range from 0 (absent) to 4 (very easy to understand), with 0 indicating the element was not located. For elements that are found, ratings are based on clarity and language use: very easy (4) indicates clear, everyday language; easy (3) indicates generally clear language; difficult (2) indicates some use of jargon and partial lack of clarity; and very difficult (1) indicates heavy use of jargon and low clarity.

The following pages contain the findings for both February and September 2025 transparency evaluations along with evaluator recommendations.

To find out more about ARORP Transparency Evaluation, please visit the following document link: <https://www.arorp.org/transparency-reports/>



TRANSPARENCY SCORING

Table 19 below displays the findings for February and September in 2025. The overall score for the element is the average for the five reviewers. The Year Average is the average for all scores for each element for both evaluations in 2025.

Table 19: Overall and 2025 Average Transparency Scores for Twelve Elements in Four Areas in February and September of 2025

Overall average transparency for the yearly reporting period is consistently high with average scores ranging from 3.2 to 3.9.

Elements	February 2025			September 2025			Year Average
	Found	Understood	Overall	Found	Understood	Overall	
Organizational							
Advisory Board	4.0	4.0	4.0	3.8	3.6	3.7	3.9
Meeting Agendas	4.0	3.6	3.8	3.4	3.6	3.5	3.7
Decision Making	4.0	4.0	4.0	3.8	3.4	3.6	3.8
Financial							
Foundations	3.2	3.2	3.2	4.0	3.4	3.8	3.5
Allocations	3.8	4.0	3.9	3.2	3.4	3.3	3.6
Expenditures	3.2	3.6	3.4	3.0	3.4	3.0	3.2
Informational							
Publication	3.8	3.8	3.8	3.6	3.4	3.5	3.7
Clarity	3.6	3.6	3.6	3.6	3.4	3.5	3.6
Use	3.6	3.4	3.5	4.0	4.0	4.0	3.8
Provisional							
Awards	4.0	4.0	4.0	3.2	3.4	3.3	3.7
Services	3.6	3.8	3.7	3.0	3.2	3.1	3.4
Numbers Served	3.4	4.0	3.7	3.4	3.4	3.4	3.6

FINDINGS

Overall, transparency across the twelve elements was consistently high during the reporting period, with yearly average scores ranging from 3.2 to 3.9. Scores across all four domains—organizational, financial, informational, and provisional—generally fell within the “easy” to “very easy” range, indicating that information was both accessible and understandable. Organizational transparency was the strongest domain, with particularly high scores for advisory board activities and decision-making processes. Informational transparency was also stable and strong, with consistent performance in publication, clarity, and use of information.

Financial transparency showed the greatest variability across elements and time points. While some areas, such as foundations, improved over time, others, including expenditures, declined slightly, suggesting inconsistencies in how financial information is presented or accessed. Provisional transparency demonstrated moderate but uneven performance, with some declines observed in areas such as awards, while services remained comparatively lower than other elements.

Comparisons between February and September 2025 do not indicate a consistent upward or downward trend across all elements. Instead, variation appears mixed, with some improvements and some declines. This pattern suggests that differences in scores are more likely attributable to variation among individual reviewers rather than substantive changes in transparency practices.

TRANSPARENCY EVALUATION RECOMMENDATIONS*

- Place ARORP’s strategic goals and how ARORP receives national litigation funding on the website (potentially on the “About Us” page) where they can be easily found and understood.
- Read through the entire ARORP website for overall clarity to ensure it uses plain language, avoids jargon, and succinctly states important details.
- Find a way to make sure the most recent Advisory Council meeting agendas are put on the website within one month after the meeting.
- Scan the entire ARORP website through the eyes of a person with no knowledge of ARORP, or convene a round table of a variety of people to review the website for clarity and ease of understanding.

**Some recommendations had been made early in 2025. Many of these recommendations have been addressed.*

DATA ENTRY RECOMMENDATIONS

Strengthen data quality by addressing discrepancies in demographic reporting across forms, which are likely attributable to common data reentry errors and the challenges of collecting demographic information retrospectively. Although differences between demographic and total values were minimal (approximately 1% across forms), *we recommend implementing periodic reminders for projects to reinforce the importance of accurate data collection. WYSAC will continue to partner with ARORP to reduce data entry errors and improve overall data integrity.*

Improve county-level data completeness by addressing missing and inaccurate entries in data collection forms. County-level data collection in REDCap was introduced at the beginning of 2025 and was not required during the first quarter; however, when it became mandatory in Quarters 2–4, some forms remained incomplete or contained inaccuracies. These issues are likely due to common data reentry errors or uncertainty among projects about how and when to complete the county-level form. *We recommend providing a training refresher to reintroduce the county-level data collection form and clarify completion expectations. WYSAC will work in partnership with ARORP to support consistent and accurate use of the county-level data collection form across all projects.*

OUTCOME MEASURES RECOMMENDATIONS

Invest in more primary prevention programming targeting middle and high school youth. Primary prevention programming is essential because it proactively addresses root causes, helping to reduce the long-term impact of social diseases. NSDUH data (2022-2023) indicate that only 56.61% of 12-17 year olds perceive trying heroin once or twice to be a great risk. *We recommend additional support for primary prevention strategies to ongoing programs targeting middle and high school students about the dangers of opioid misuse and opioid addiction to address this misperception of risk in trying heroin.*

PROCESS DATA RECOMMENDATIONS

Expand the Prevention Recovery Specialist (PRS)/Prevention Recovery Education Program (PREP). Process data indicate that targeted PREP student interventions were effective in addressing substance misuse in the two pilot study sites. Analysis of process data shows that nicotine vaping (108) and marijuana use (4) are the primary substances used by students in these ARORP-funded sites, and existing research suggests that both nicotine-based electronic vapor product (EVP) use and marijuana use are associated with an increased risk of opioid misuse among youth (Pache et al., 2025; Williams, 2020). *We therefore recommend the expansion of*

PRS/PREP programming to additional campuses to continue prevention work in addressing early substance misuse risks – especially in regard to EVP, marijuana, and opioid misuse.

Improve statewide equity in treatment services. County-level treatment data indicate a strong concentration of ARORP-funded services in central and northwest Arkansas, suggesting that these areas have established service capacity and infrastructure. *We recommend ARORP prioritize supporting the expansion of treatment access in counties with low or no reported participation, particularly in eastern, southern, and rural regions to improve statewide equity.*

Increase ORT coverage across the state. County-level ORT response data suggest that services may be operating within individual county boundaries rather than across multi-county jurisdictions. Spatial analysis of ORT process data indicate that there may be a gap in coverage in the northwest region of the state. *We suggest increasing the number of ORT sites – especially in the northwest region – to address the coverage gap and that ORT programs respond beyond their county borders to neighboring counties who appear to be lacking ORT support.*

Expand Training in Underserved Counties. Counties with no or very low reported training should be prioritized for targeted outreach and capacity-building efforts. *WYSAC recommends that counties with high training volumes (e.g., Pulaski, Garland, Clay) serve as regional training hubs or mentorship sites. These areas could support neighboring counties through peer learning, shared resources, and coordinated training events. A qualitative study (e.g., key informant interviews) in low-activity counties could identify barriers such as staffing limitations, transportation challenges, or lack of awareness.*

Expand low-barrier, relationship-based peer support. While ARORP-funded peer recovery support services are reaching individuals across the state, the distribution of stand-alone PRS (excluding housing and treatment-linked services) remains highly concentrated. *WYSAC suggests ARORP support the expansion of low-barrier, relationship-based peer support—particularly through virtual, hybrid, and community-embedded models—to improve equitable access across rural and underserved regions.*

Strengthen connections between treatment and recovery to improve how individuals transition across the continuum of care. Comparing ARORP’s recovery housing map to the gap assessment treatment map (based on TEDS data) reveals a need for enhanced support to help transition individuals from treatment to recovery services. *We recommend the use of standardized discharge protocols, and*

peer-supported “warm handoffs” to help ensure that individuals leaving treatment are actively connected to recovery housing and other supports.

Expand the capacity of Life Care Specialists beyond two counties to strengthen collaboration with prescribers and promote guideline-based opioid prescribing.

Despite updated Centers for Disease Control and Prevention (CDC) recommendations, longer-duration prescriptions (15–30 days) remain common in Arkansas. *We recommend working to help formalize partnerships between Life Care Specialists and prescribers that promote regular communication, shared care planning, and feedback loops on prescribing patterns to support shorter prescription durations and ongoing evaluation of opioid therapy.*

Convene a Recovery Housing Mapping Summit. This effort would bring together recovery housing providers, treatment organizations, state agencies, and community partners to collaboratively map current resources, address data gaps, and establish consistent reporting practices. Hosting the summit in a hybrid format—with both an in-person convening to support networking, training, and relationship-building, and a live virtual option to ensure broad participation—would maximize engagement across regions. In addition to data collection, the summit could serve as a platform for technical assistance, including guidance on reporting standards, referral coordination, and integration with existing data systems, ultimately improving the accuracy, transparency, and usability of recovery housing data statewide. *We therefore recommend ARORP convene a Recovery Housing Mapping Summit focused on identifying and validating the number of recovery facilities and available beds across the state to strengthen statewide planning and ensure accurate understanding of recovery capacity.*

Strengthen overall program effectiveness by addressing workforce, stigma, and service gaps that limit implementation and long-term recovery outcomes.

Vendor feedback quotes reference staffing shortages and rural retention challenges. Gaps in prevention understanding indicate a need for targeted workforce development and training, while stigma among law enforcement and community members continues to hinder engagement. *We recommend investing in coordinated workforce supports, stigma-reduction efforts, and expanded access to transitional housing and healthcare services (including mental health services and dental care) to improve program success.*

References

Pache, K. M., Kameni, L., & Groenewald, C. B. (2025). Associations between electronic vapor product use and prescription opioid misuse among high school students in the United States: A retrospective cross-sectional analysis. *Children (Basel)*, *12*(11), 1476.

Arthur Robin Williams (2020). Cannabis as a gateway drug for opioid use disorder. *Journal of Law, Medicine & Ethics*, *48*(2), 268–274.

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APPENDIX A: NEWLY FUNDED PROJECTS

Coalition Partnership Empowerment (6)

I BEAT That Empowerment Coalition COPE

Changing Hearts and Navigating Great Endings (CHANGE) Coalition COPE

Cleburne County Health Coalition COPE

Where You Are, Inc. Coalition COPE

Bridge 2 Success Coalition COPE

Freshly Renewed Transitional Coalition COPE

Directed (5)

Prevention Recovery Education Program (PREP) Training

Arkansas Opioid Academy Coalition Training Cohort Two: CADCA

Community Advocate Network (CAN) Project: CADCA

Arkansas Naloxone Bank Renewal Three: Gogo Meds

2026 Website & Communications: mhp.si

General Application (7)

Jeremiah House dba 29:11 Recovery Detox & Residential Treatment

Union Rescue Mission Treatment Program

The Harbor Men's Housing

CASA of Clark and Pike Counties Prevention Program

Clay County Opioid Coalition & Piggott Community Hospital Recovery Program

Billion Pill Pledge Pilot: Goldfinch Health, Inc.

Sebastian County Opioid Abuse Prevention Program

Naloxone Community Hero Project (18)

Death to Life (D2L) Ministries 2024 HERO

Western Arkansas Counseling and Guidance Center (WACGC) 2025 HERO

Union Rescue Mission 2025 HERO

Riverview Hope Campus 2025 HERO

Tisha R Jenkins LCSW PA 2025 HERO

Naloxone Community Hero Project (18) (continued)

National Association of Social Workers 2025 HERO

Freshly Renewed Transitional 2025 HERO

City of Van Buren Police Department 2025 HERO

UAMS East Regional Campus 2025 HERO

Ouachita Baptist University 2025 HERO

The Washington County Community Rebuilding Initiative 2025 HERO

Grant County Sheriff's Office 2025 HERO

Addiction Recovery Management 2025 HERO

Hope Movement Coalition 2025 HERO

Universities of Central Arkansas (UCA) Addiction Studies 2025 HERO

Maumelle Police Department 2025 HERO

Smith Drug and Compounding 2025 HERO

Ouachita County Judge and Sheriff's Office 2025 HERO

Overdose Response Team (2)

West Memphis Police Department ORT

Crossett Police Department ORT

Sentinel (8)

England Police Department Sentinel

Heber Springs Police Department Sentinel

Dardanelle Police Department Sentinel

Hope Police Department Sentinel

Polk County Sheriff Sentinel

First Drug Task Force Sentinel

Logan County Sheriff's Office Sentinel

Crossett Police Department Sentinel

APPENDIX B: REASONS FOR CASE CLOSURE

Category	Reason for Case Closure
Leads Exhausted / No Further Action	
	All available leads and follow-ups exhausted by investigator
	Overdoses investigated; determined no further action needed
	Unable to prove source of substance obtained by victim
	23 cases closed after narcotic investigator exhausted all available leads and follow-ups
	14 of 16 cases closed after all leads exhausted; peer support made multiple assistance attempts
Arrests Made	
	Cases closed due to confessions or prosecutions
	1 person deceased, 2 arrests made
	2 cases closed after arrest made; assistance provided to victim/family by Peer Support
	1 of 16 cases closed subsequent to arrest
	2 cases closed by drug arrest (non-opiate related)
	6 arrests made for introducing a controlled substance into another person (3 adult males, 3 adult females)
	2 cases closed: 300g meth + unidentified prescription pills seized via search warrant; dealer reported by person in recovery

Category	Reason for Case Closure
Accidental / Unintentional Overdose	
	Both investigations were unintentional overdoses; closed as accidental
	1 case closed after patient inadvertently overdosed on prescribed medication; no illicit intent or illegal narcotics found
	4 cases closed as accidental, related to prescription medication; no ill intent or illegal narcotics involved
	Subject overdosed; Narcan provided by EMS; refused further treatment; no fentanyl remaining
Non-Opioid / Prescription Medication Related	
	Cases involved prescriptions that had been abused in suicide attempts
	Cases involved legal prescriptions that were non-fatal
	One case: suicide attempt with prescription medication; one case: overdose with prescription medication
	Both closed due to non-opioid related; other prescription medication used to attempt suicide
	Closed due to non-opioid related prescription medication or means used for attempted suicide
	4 cases closed after autopsy determined cause of death not connected to opioid use
	2 cases closed due to suicidal ideations; individuals admitted for mental health services
	Overdose response team: 16 overdoses — 4 opioid, 6 marijuana, 3 alcohol, 3 methamphetamine related

Category	Reason for Case Closure
Victim Uncooperative/Refused Assistance	
	Victims refused assistance
	Uncooperative witnesses
	Victim survived and refused to cooperate with investigator
	No cooperation from family member
	Closed due to uncooperative victim
	Peer support unable to locate or reconnect with victim/family after initial overdose in 9 cases; 1 victim refused assistance
Mental Health / Treatment Referral	
	Cases closed when victims were referred to and received mental health treatment
	1 case closed as individual was actively receiving treatment at a mental health facility
	2 cases closed due to suicidal ideations; individuals admitted for mental health services
Natural Causes / Non-Overdose Death	
	Autopsy results showed natural causes; not overdose related

APPENDIX C: NALOXONE PARTNERSHIPS

Category	Partner / Organization
Libraries & Academic Institutions	
	CALS Library
	Dee Brown Library
	Philander Smith
	Arkansas Baptist College
	ANC Community College
	University of Arkansas - SEAR Program
	Razorbacks Offering Accountability Resources (ROAR)
	U of A Social Work Department
	UAFS - Nursing Students
	UAFS - Social Work Students
	Hendrix College
	Phillips Community College
	Blytheville School District
	Forrest City High School
	Lee Academy High School
	Marvell High School
	Dierks High School (with Pafford Medical Services)
	Student Retention & TRIO

Category	Partner / Organization
Healthcare & Medical Organizations	
	Forrest City Baptist Hospital
	Conway Regional
	Mercy Palliative Care Team
	BCBS of Arkansas
	3rd & Main Mental Health Cooperative
	Horizon Renewal Center
	S&B Professional Management - Sebastian County RCF
	Sebastian County Mental Health Court
	Mental Health Court
	NEW Day Services
	Pafford Medical Services
	Pharmacies
	Smith Drug and Compounding (3 locations)
	Smith Drug and Compounding (4 locations)
Community / Nonprofit Organizations	
	Bridging The Gaps of Arkansas
	Returning Home, Inc.
	Goodwill Industries
	CWC Alliance
	WHY, INC.
	4 Quarter Bar
	First Connections - Parents as Teachers
	Acme Brick Co.

Category	Partner / Organization
Community / Nonprofit Organizations (continued)	
	AARP
	ASUTR Community Health & Wellness Fair
	Family Centered Treatment
	Hero's Bar and Grill
	Clubhouse Kitchen
Law Enforcement / Government	
	Blytheville Police Department
	City of Hardy
	Cave City Police Department
Recovery & Social Services	
	Mt. Moriah Baptist Church
	Research Solutions

APPENDIX D: RECOVERY CLASSES OFFERED BY TYPE

These classes are educational and are offered by organizations providing recovery services.

Category	Program / Class
Life Skills	
	Life Skills
	Life Recovery
	Daily Living Skills
	Anger Management
	Aggression Replacement
	Teamwork
	Cooking
	Selfcare
	Time Management
	Technological Skills
Recovery & Substance Misuse	
	Recovery Group
	Recovery Alive
	Recovery Education
	Relapse Prevention
	Relapse Prevention
	Heart of Addiction
	Early Recovery Skills
	Maintaining My Recovery
	Christ Centered Recovery
	S.U.D.

Category	Program / Class
Recovery & Substance Misuse (continued)	
	Recovery Skills
	Recovery Principles
	Substance Use Education
	SMART Recovery
Bible Study & Christian Programs	
	Bible Study
	Biblical Foundations
	Authentic Manhood
	Disciplines of a Godly Man
	Spiritual Warfare
	Realities of God
	Christian Fundamentals
	Book of James
	Book of Jude
	Book of John
	Book of Romans
	Book of Galatians
	Book of Acts
	Book of 1 John
	Book of Philippians
	Book of Colossians
	Book of Jonah
	Book of Ephesians

Category	Program / Class
Bible Study & Christian Programs (continued)	
	Psalms
	Fruit of the Spirit
	Basic Theology
	Rediscovering Israel
	The Lord's Prayer
	Discipleship Groups
	Bible Overview
	The Gospel
	Testimonies of Residents
	Romans 1-8
	Overcomers Life
	Purpose Driven Life
Narcan & Opioid Education	
	Narcan Training
	NARCAN
	Opioid Prevention Education
	Fentanyl and Opioid Education
	Drug Prevention/Awareness
	Drug Education
Mental Health & Wellness	
	My Mental Health
	Health and Wellness
	WRAP Development

Category	Program / Class
Mental Health & Wellness (continued)	
	Trauma-Informed Yoga
	Trauma
	Suicide Prevention
	Sexual Trauma
	Process Group
Parenting & Family	
	Parenting
	Better Dads
	Parenting by the Bible
	Love and Logic
	Family Dynamics and Boundaries
	Family Education
	Healthy Relationships
	My Relationships
	Boundaries
	Relationship Skills
	Dating
	Domestic Violence
Financial & Budgeting	
	Budgeting
	Financial Planning
	Banking
	Credit Building

Category	Program / Class
Financial & Budgeting (continued)	
	Debt Management
Job Readiness & Career	
	Job Readiness
	Resume Building
	Career Development
	Work Ethic/Professionalism
	Wages
	Trade Class
Therapeutic & Expressive	
	Art Therapy
	Artistic Recovery Group
	Therapeutic Outing
	Equine Therapy
	Nature Therapy
	Morning Meditation
	Journaling
	Motivational Speech
	Recovery Film
	Inspirational Film
Coping & Emotional Regulation	
	Coping Mechanisms
	Coping Skills
	Managing My Emotions

Category	Program / Class
Coping & Emotional Regulation (continued)	
	Emotional Regulation
	Emotional Intelligence
	Power of Self-Talk
	Resolving Conflict
	Sober Emotions
Thinking & Behavior	
	Thinking Errors
	Criminal Thinking
	Conflict Resolution
	Cognitive Skills
Spiritual & Faith-Based (Non-Bible)	
	Wellbriety
	Embracing Purpose
	Spiritual Formation
Peer & Group Programs	
	Peer Recovery
	Peer Groups
	Peer Support
	Check-In Groups
	Peer Run Groups
Education	
	Adult Education
	SAE

Category	Program / Class
Education (continued)	
	Government
Other / Miscellaneous	
	Pictionary
	Jenga
	Mental Health Bingo
	Graduation/Sharing Experiences

APPENDIX E: PREVENTION TRAINING BY TYPE

These prevention classes/trainings are related to prevention-based projects and were reported in the Prevention Coordinator form.

Category	Program / Class
Life Skills	
	Life Skills
	Life Skills (Emotional Wellness/Transitional Challenges)
	Life Skills (Stress Management)
	Money Management
	Time Management
	Emotional Wellness
	Anger Management
	Anger Mgmt. / Aggression Replacement
Recovery & Wellness	
	Recovery and Wellness
	Recovery & Wellness / Coping
	Recovery Pathways
	12 Step Recovery
	Relapse Prevention
	Relapse Prevention
	Fentanyl Awareness/Dangers
	Wellness Recovery Action Plan (WRAP)
	Aftercare Plan
	Maintaining My Recovery
	Triggers / People, Places and Things
	Living in Balance

Category	Program / Class
Narcan & Opioid Education	
	Narcan Training
	Opioid Identification
	Overdose Case Overview
	Opioid Awareness
	Opioid Prevention Education
	Opioids 101
	Opioid Misuse Education
	Fentanyl & Opioid Education
	First Responder Response to Substance Abuse and Overdoses
	Law Enforcement Response to Opioid Overdose
	Overdose Response Training for Patrol Officers
	Overdose Update for Law Enforcement
	ORT Overview / Kickoff Presentations
	Arkansas Opioid Coalition Academy (AOA)
	Enhanced TA Introduction Sessions
	SUD + HIV Awareness
	Fentanyl-Proof Drinking Awareness
Prevention & Community Outreach	
	Opioid Prevention & Awareness (Community)
	City/County Official ARORP Website Training
	Introduction to Prevention
	Introduction to All Stars

Category	Program / Class
Prevention & Community Outreach (continued)	
	Friendsgiving Opioid Awareness Event
	Pumpkin & Prevent
	Asset Mapping (Lunch & Learn)
	Introduction to Prevention for CASA Advocates
	Peer Recovery Specialist Awareness Outreach
	Community Crime Watch Presentation
	Citizens Academy Presentation
	Citizens Advisory Meeting Presentation
	McAlmont Community Crime Watch Presentation
	ORT Conference Attendance
	Overdose/Prevention Conference Attendance
	Summit Breakout Tracks (Clinical, Counseling, Criminal Justice, Education, Family, Youth)
Coping Skills & Emotional Regulation	
	Coping Skills
	Coping Mechanisms
	Managing My Emotions
	Emotional Regulation
Faith-Based Programs	
	Faith Based
	Empathy for Victims
	12 Step / Faith Integration

Category	Program / Class
Peer Support & Group Programs	
	Peer Groups
	Peer Recovery Support
	SUD Education
Education & GED	
	GED
	Adult Education
Re-Entry & Transitional Support	
	Re-Entry
	Transitional Challenges / Life Skills
Trauma-Informed / Yoga	
	Trauma-Informed Yoga
	Trauma
Safety First / DIMENSIONS Curriculum	
	Safety First (Harm-Reduction Drug Intervention Curriculum)
	DIMENSIONS: Well Body Program

APPENDIX F: PREVENTION TRAINING PARTNERSHIPS

Category	Organization
Law Enforcement & Criminal Justice	
	Arkansas Probation and Parole
	18th West Judicial Drug Court
	18th West Drug Task Force (DTF)
	18th West Prosecuting Attorney's Office
	Polk County Sheriff's Office
	Mena Police Department
	Clay County Detention Center
	Clay County Parole Office
	Clay County Sheriff's Office
	Clay County Circuit Court Staff
	Clay County Courthouse Staff
	Sharp County Sheriff's Office
	Mayflower Police Department
	Piggott City Hall
	Arkansas Criminal Justice Institute
Schools & Universities	
	OBU (Ouachita Baptist University) – Criminal Justice Class
	Arkansas Baptist College
	Philander Smith College
	Central High School
	Sylvan Hills Middle School
	Piggott High School

Category	Organization
Schools & Universities (continued)	
	National Park College
	University of Central Arkansas (UCA)
	UCA Counseling Services
	UCA End Overdose Chapter
	UCA Humanities Department
	UCA Bear Life
	West Memphis School District
	Dean of Students
	Living Learning Communities
	Health Sciences
	Greek Life
	Campus Dining

Treatment & Recovery Organizations	
	Renewal Ranch
	Stepping Stone
	Teen Challenge
	Celebrate Recovery
	Courage to Change
	Chain Breakers
	Lifehouse Outreach
	Harbor House
	Catherine's House
	Brandon House

Category	Organization
Treatment & Recovery Organizations (continued)	
	CoHo
	Immerse
	Changes to Crowns
	3rd & Main Mental Health
	Arisa Health
	Affinity Counseling
	Arkansas Guidance and Counseling
Community & Nonprofit Organizations	
	CASA (Court Appointed Special Advocates)
	Village Place
	Family Development Center
	Better Community Development
	Community Services Incorporated
	Care Network
	Matthew 25
	1st Choice Health Care
	PEARL
	Centers
	Sevier County Coalition
	Sevier County Youth Coalition
	Sevier County Block Party Committee
	Clay County Opioid Coalition
	Sevier County Community

Category	Organization
Community & Nonprofit Organizations (continued)	
	Friends of De Queen Trail
	4-H
	Bridging the Gap
Faith-Based Organizations	
	Church of Christ
	First Baptist Church
	First Assembly
	Arkansas Baptist College (Faith component)
Government & Public Health Agencies	
	Clay County Department of Health
	Arkansas Attorney General's Office
	Arkansas Drug Director's Office
	MEMS (Metropolitan Emergency Medical Services)
	White River Hospital Services
Education & Adult Services	
	Adult Education
	RSAT (Residential Substance Abuse Treatment)
Financial & Business	
	Arvest Bank
	McKenney Pharmacy
Conferences & Coalitions	
	The Summit (Prevention/Treatment/Recovery Partnership)

Category	Organization
Conferences & Coalitions (continued)	
	ORT Conference – Hot Springs, AR
	National Night Out

APPENDIX G: ARORP 23 – 048

This is an ARORP-funded internal naloxone distribution project. Listed below is the naloxone distributed for 2025.

NUMBER OF KITS BY COUNTY

County	Number of Kits
Arkansas	1
Benton	1
Desha	1
Logan	1
Pulaski	19
Sebastian	1
Washington	2
Other	24
Unknown	48
Total	98

NUMBER OF KITS BY AGE GROUP

Age Group	Count
0 to 11	0
12 to 17	0
18 to 25	4
26 to 44	12
45 to 64	7
65 plus	0
Unknown Age	75

NUMBER OF KITS BY GENDER

Gender	Count
Male	16
Female	7
Non-Binary	0
Unknown Gender	75

NUMBER OF KITS BY RACE

Race	Count
White	23
Black or African American	0
Asian	0
Native American	0
Tribal Affiliation	0
Pacific Islander	0
Unknown Race	75
Other Race/Multi-Racial (please specify)	0

NUMBER OF KITS BY ETHNICITY

Ethnicity	Count
Hispanic	1
Non-Hispanic	22
Unknown Ethnicity	75

APPENDIX H: LIST OF FAITH-BASED PROJECTS

Organization	Project #
<i>Next Step Recovery Housing Men's Housing</i>	ARORP22-006
<i>Safe Haven Ministries, Inc. Crisis Center Renovations</i>	ARORP23-023
<i>Recovery Center of the Ozarks Men's Housing</i>	ARORP23-052
<i>Renewal Ranch Men's Housing</i>	ARORP23-083
<i>Life in Victory Camp Powderfork Men's Housing</i>	ARORP23-092
<i>John 3:16 Women's Housing</i>	ARORP23-093
<i>Invade Women's Housing</i>	ARORP23-117
<i>ARM 180 Men's Housing</i>	ARORP23-144
<i>Changes Behavioral Health LLC Outpatient Treatment</i>	ARORP24-274
<i>Jeremiah House dba 29:11 Recovery Detox & Residential Treatment</i>	ARORP24-360
<i>The Harbor Men's Housing</i>	ARORP25-418
<i>Union Rescue Mission Treatment Program</i>	ARORP25-411
<i>Union Rescue Mission 2025 HERO</i>	ARORP25-431
<i>Freshly Renewed Transitional 2025 HERO</i>	ARORP25-440
<i>Freshly Renewed Transitional COPE</i>	ARORP25-452
<i>NEA Divine Intervention Inc. Recovery Community Organization (RCO)</i>	ARORP22-009
<i>SOZO Addiction Recovery Center Inc 2023 HERO</i>	ARORP23-042
<i>First North Little Rock Care & Recovery 2023 HERO</i>	ARORP23-080
<i>Renewal Ranch 2023 HERO</i>	ARORP23-084
<i>Sharing Hope Expansion 2023 HERO</i>	ARORP23-087
<i>John 3:17 Ministries 2023 HERO</i>	ARORP23-090
<i>Trinity Episcopal Cathedral 2023 HERO</i>	ARORP23-122

Organization	Project #
<i>M18 2024 HERO</i>	ARORP24-244
<i>John 3:16 Ministries 2024 HERO</i>	ARORP24-347
<i>Living Branches 2024 HERO</i>	ARORP24-311
<i>Perfectly Loved, Inc. 2024 HERO</i>	ARORP24-376
<i>Death to Life (D2L) Ministries 2024 HERO</i>	ARORP24-409
<i>The Harvest House Coalition COPE</i>	ARORP23-071
<i>CHI St. Vincent Recovery Program</i>	ARORP23-094
<i>NEA Divine Intervention Inc. 2022 HERO</i>	ARORP22-10
<i>St. Francis House NWA Inc. DBA Community Clinic 2023 HERO</i>	ARORP23-222
<i>Perfectly Loved Inc., 2023 HERO</i>	ARORP23-150
<i>Exodus Life Hero 2023 HERO</i>	ARORP23-032
<i>John 3:16 Ministries 2023 HERO</i>	ARORP22-15
<i>Safe Haven Ministries Inc 2023 HERO</i>	ARORP23-051
<i>Sharing Hope Through Lived Experience Ministries Inc. 2023 HERO</i>	ARORP23-031

APPENDIX I: LOGIC MODEL

Naloxone Distribution Program

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Settlement dollars • Organizations in the community. • City and county leadership 	<ul style="list-style-type: none"> • Provide naloxone kits and training in administration • Provide training for vulnerable populations • Partner with local and state-level organizations • Develop self-assessment instruments (transparency evaluation, vendor feedback, qualitative analysis, gap assessments etc.) 	<ul style="list-style-type: none"> • # individuals receiving naloxone training by demographic (age, gender, race, ethnicity) • # individuals who receive training in Spanish or Marshallese • # organizations partnered with to provide for and train naloxone use • Implement self-assessments 	<ul style="list-style-type: none"> • Increased opioid risk awareness • More Arkansans accessing prevention, treatment & recovery services • Service gaps filled without supplanting existing funds • Overdose reversals and linkages to care • Transparent and accountable stewardship of settlement funds 	<ul style="list-style-type: none"> • ↓ 8 – 12 grade education gap in opioid awareness • ↓ Opioid misuse (heroin & Rx pain relievers) • ↓ Opioid-related overdoses and deaths • ↓ Opioid prescriptions statewide • ↑ Healthier Arkansas communities

Prevention Recovery Coordinator Program

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Settlement dollars • Organizations in the community. • City and county leadership 	<ul style="list-style-type: none"> • Provide support to school districts and prevention coalitions • Provide one-on-one and group meetings with students needing extra support • Provide prevention-related training for vulnerable populations • Provide referrals to recovery and mental health services • Develop self-assessment instruments (transparency evaluation, vendor feedback, qualitative analysis, gap assessments etc.) 	<ul style="list-style-type: none"> • # students receiving targeted interventions by demographic (age, gender, race, ethnicity) • # students violating substance misuse policies and substance used • # campuses, coalitions, and members • # students who meet with the prevention recovery coordinator one-on-one or in group meetings • # students who were referred to recovery or mental health services; # of students receiving services • Implement self-assessments 	<ul style="list-style-type: none"> • Increased opioid risk awareness • More Arkansans accessing prevention, treatment & recovery services • Service gaps filled without supplanting existing funds • Overdose reversals and linkages to care • Transparent and accountable stewardship of settlement funds 	<ul style="list-style-type: none"> • ↓ 8 – 12 grade education gap in opioid awareness • ↓ Opioid misuse (heroin & Rx pain relievers) • ↓ Opioid-related overdoses and deaths • ↓ Opioid prescriptions statewide • ↑ Healthier Arkansas communities

Treatment Programs

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Settlement dollars • Organizations in the community. • City and county leadership 	<ul style="list-style-type: none"> • Provide treatment services for individuals with substance use disorder • Provide individual and group counseling • Provide case management, detox, and mental health services • Provide additional treatment options (e.g. bridge or neurostimulation device, or MAT) • Develop self-assessment instruments (transparency evaluation, vendor statements, qualitative analysis, gap assessments etc.) 	<ul style="list-style-type: none"> • # individuals receiving treatment services by demographic (age, gender, race, ethnicity); # individuals who have left treatment services • # individuals who receive a bridge or neurostimulation device or MAT • # individuals who receive one-on-one and group counseling; # of meetings • # individuals who receive case management, detox, and mental health services • Implement self-assessments 	<ul style="list-style-type: none"> • Increased opioid risk awareness • More Arkansans accessing prevention, treatment & recovery services • Service gaps filled without supplanting existing funds • Overdose reversals and linkages to care • Transparent and accountable stewardship of settlement funds 	<ul style="list-style-type: none"> • ↓ 8 – 12 grade education gap in opioid awareness • ↓ Opioid misuse (heroin & Rx pain relievers) • ↓ Opioid-related overdoses and deaths • ↓ Opioid prescriptions statewide • ↑ Healthier Arkansas communities

Overdose Response Team Programs

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Settlement dollars • Organizations in the community. • City and county leadership 	<ul style="list-style-type: none"> • Provide peer-support services to overdose victims and families • Provide referrals to treatment, recovery, and mental health services • Investigate the root cause of overdoses • Develop self-assessment instruments (transparency evaluation, vendor feedback, qualitative analysis, gap assessments etc.) 	<ul style="list-style-type: none"> • # individuals receiving peer-support by demographic (age, gender, race, ethnicity) • # individuals referred to treatment, recovery, or mental health services; # individuals who receive services • # cases opened and closed; arrests; fatal and non-fatal overdoses; # naloxone saves • Implement self-assessments 	<ul style="list-style-type: none"> • Increased opioid risk awareness • More Arkansans accessing prevention, treatment & recovery services • Service gaps filled without supplanting existing funds • Overdose reversals and linkages to care • Transparent and accountable stewardship of settlement funds 	<ul style="list-style-type: none"> • ↓ 8 – 12 grade education gap in opioid awareness • ↓ Opioid misuse (heroin & Rx pain relievers) • ↓ Opioid-related overdoses and deaths • ↓ Opioid prescriptions statewide • ↑ Healthier Arkansas communities

Recovery Programs

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Settlement dollars • Organizations in the community. • City and county leadership 	<ul style="list-style-type: none"> • Provide recovery services for individuals with substance use disorder • Provide support finding housing, employment, attending court, and obtaining official documentation • Provide peer-support services • Provide referrals to both mental health and treatment services • Develop self-assessment instruments (transparency evaluation, vendor statements, qualitative analysis, gap assessments etc.) 	<ul style="list-style-type: none"> • # individuals receiving recovery services by demographic (age, gender, race, ethnicity) • # individuals who found housing, employment, received court-related services, or obtained a driver's license • # individuals who receive peer support services • # individuals who receive mental health or treatment referrals • Implement self-assessment instruments assessments 	<ul style="list-style-type: none"> • Increased opioid risk awareness • More Arkansans accessing prevention, treatment & recovery services • Service gaps filled without supplanting existing funds • Overdose reversals and linkages to care • Transparent and accountable stewardship of settlement funds 	<ul style="list-style-type: none"> • ↓ 8 – 12 grade education gap in opioid awareness • ↓ Opioid misuse (heroin & Rx pain relievers) • ↓ Opioid-related overdoses and deaths • ↓ Opioid prescriptions statewide • ↑ Healthier Arkansas communities

Housing Programs

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Settlement dollars • Organizations in the community. • City and county leadership 	<ul style="list-style-type: none"> • Provide long-term housing beds for individuals with substance use disorder • Provide respite housing (two weeks or less) services • Develop self-assessment instruments (transparency evaluation, vendor statements, qualitative analysis, gap assessments etc.) 	<ul style="list-style-type: none"> • # individuals housed by demographic (age, gender, race, ethnicity) • # housing beds created; # individuals served • # individuals who leave housing services (e.g. discharged, moved to a higher level of care etc.) • Implement self-assessment instruments 	<ul style="list-style-type: none"> • Increased opioid risk awareness • More Arkansans accessing prevention, treatment & recovery services • Service gaps filled without supplanting existing funds • Overdose reversals and linkages to care • Transparent and accountable stewardship of settlement funds 	<ul style="list-style-type: none"> • ↓ 8 – 12 grade education gap in opioid awareness • ↓ Opioid misuse (heroin & Rx pain relievers) • ↓ Opioid-related overdoses and deaths • ↓ Opioid prescriptions statewide • ↑ Healthier Arkansas communities

Life Care Specialist Program

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Settlement dollars • Organizations in the community. • City and county leadership 	<ul style="list-style-type: none"> • Provide support to patients at risk for opioid misuse • Provide referrals to treatment, recovery, or mental health services • Develop self-assessment instruments (transparency evaluation, vendor feedback, qualitative analysis, gap assessments etc.) 	<ul style="list-style-type: none"> • # patients receiving targeted interventions by life care specialists by demographic (age, gender, race, ethnicity) • # patients receiving targeted interventions preop/postop • # patients receiving referrals to treatment, recovery, or mental health services • Implement self-assessment instruments assessments 	<ul style="list-style-type: none"> • Increased opioid risk awareness • More Arkansans accessing prevention, treatment & recovery services • Service gaps filled without supplanting existing funds • Overdose reversals and linkages to care • Transparent and accountable stewardship of settlement funds 	<ul style="list-style-type: none"> • ↓ 8 – 12 grade education gap in opioid awareness • ↓ Opioid misuse (heroin & Rx pain relievers) • ↓ Opioid-related overdoses and deaths • ↓ Opioid prescriptions statewide • ↑ Healthier Arkansas communities

Training Programs

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Settlement dollars • Organizations in the community. • City and county leadership 	<ul style="list-style-type: none"> • Provide prevention training • Provide prevention-related training for vulnerable populations • Partner with local and state-level organizations • Develop self-assessment instruments (transparency evaluation, vendor feedback, qualitative analysis, gap assessments etc.) 	<ul style="list-style-type: none"> • # individuals receiving prevention-related training by demographic (age, gender, race, ethnicity) • # individuals who receive prevention-related training in Spanish or Marshallese • # organizations partnered with to provide for prevention training • Implement self-assessment instruments assessments 	<ul style="list-style-type: none"> • Increased opioid risk awareness • More Arkansans accessing prevention, treatment & recovery services • Service gaps filled without supplanting existing funds • Overdose reversals and linkages to care • Transparent and accountable stewardship of settlement funds 	<ul style="list-style-type: none"> • ↓ 8 – 12 grade education gap in opioid awareness • ↓ Opioid misuse (heroin & Rx pain relievers) • ↓ Opioid-related overdoses and deaths • ↓ Opioid prescriptions statewide • ↑ Healthier Arkansas communities

Information Dissemination Programs

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Settlement dollars • Organizations in the community. • City and county leadership 	<ul style="list-style-type: none"> • Disseminate prevention-related media • Develop self-assessment instruments (transparency evaluation, vendor feedback, qualitative analysis, gap assessments etc.) 	<ul style="list-style-type: none"> • # media impressions by demographic (age, gender, race, ethnicity) • # media impression by type (e.g. billboard, tv, radio, social media, etc.) • # media impressions in other languages • Implement self-assessment instruments assessments 	<ul style="list-style-type: none"> • Increased opioid risk awareness • More Arkansans accessing prevention, treatment & recovery services • Service gaps filled without supplanting existing funds • Overdose reversals and linkages to care • Transparent and accountable stewardship of settlement funds 	<ul style="list-style-type: none"> • ↓ 8 – 12 grade education gap in opioid awareness • ↓ Opioid misuse (heroin & Rx pain relievers) • ↓ Opioid-related overdoses and deaths • ↓ Opioid prescriptions statewide • ↑ Healthier Arkansas communities

ARORP Internal Assessment Activities (Gap Assessment Maps, Qualitative Research, and Transparency Evaluations)

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<p><i>Resources available to support opioid prevention, treatment, and recovery service delivery in Arkansas</i></p>	<p><i>The methods of service delivery and interventions carried out by subrecipients and staff.</i></p>	<p><i>The direct products of activities, collected quantitatively in REDCap (a HIPAA-compliant system)</i></p>	<p><i>The first changes that occur for individuals, families, organizations, or communities as a result of the program.</i></p>	<p><i>The eventual impact on individuals, families, organizations, or the community for which the program is accountable.</i></p>
<ul style="list-style-type: none"> • Administrative data (REDCap, public datasets) • Gap assessment mapping tools and GIS capacity • Qualitative data (focus groups, interviews, stakeholder feedback) • Website and transparency evaluation frameworks/criteria • Staff expertise in evaluation, data analysis, and public health 	<ul style="list-style-type: none"> • Conduct gap analysis to identify geographic and service-level disparities • Analyze quantitative data to understand participant service interaction and system barriers • Review and assess website content for accessibility, clarity, and transparency • Synthesize findings across data sources to identify program strengths and gaps • Share findings with client to inform planning an decision-making 	<ul style="list-style-type: none"> • Gap assessments maps showing service distribution and unmet need • Summary reports and qualitative findings (themes, barriers, facilitators) • Website transparency assessment reports with recommendations • Data briefs or dashboards summarizing key findings • Reports and client briefs 	<ul style="list-style-type: none"> • Increased awareness of service gaps and inequities • Improved understanding of client/participant and provider experiences • Identification of priority areas for improvement • Increased engagement with data and findings • Initial improvements to website clarity and accessibility 	<ul style="list-style-type: none"> • More equitable distribution of prevention, treatment, and recovery services • Improved access to accurate, transparent public information • Data-driven decision-making embedded across the program • Enhanced coordination across providers and regions • Improved client/participant outcomes due to better-aligned services